

## Lease Application & General Information

What Will Be The Use of Vehicle?			How Did You Hear About Us?	What Is Your Payment Budget?	How Much Do You Plan to Pay As Downpayment?	Salesperson	
<input type="checkbox"/> Business	<input type="checkbox"/> Personal	<input type="checkbox"/> Both					
First Name		Middle Name	Last Name		Maiden Name	Marital Status	
Preferred Name	Home Phone	Cell Phone	Cell Phone Provider		Work Phone	Ext.	
Date of Birth	Drivers License #	State	Exp Date	Email Address		SSN#	
Present Street Address			Apt. #	City	State	Zip Code	How Long?
							Years   Months
Previous Street Address			Apt. #	City	State	Zip Code	How Long?
							Years   Months
Employer		Street Address		City	State	Zip Code	
Job Title/Position		Department	Manager's Name		Manager's Phone	Start Date	
Previous Employer		City	State	Job Title/Position		Dates Employed	
						From	To

Are you currently in or planning on filing bankruptcy?  Yes  No Initial\_\_\_\_\_

READ BEFORE SIGNING: I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this application. By submitting this credit application, you certify that the information provided on the application is, to the best of your knowledge, complete and accurate. You understand that the Menlove Auto and financial institution(s) will rely on this information to judge your credit worthiness, and will retain this application and information about you whether or not this application is approved. Further, you authorize an investigation of your credit and employment history, in conjunction with which your credit report(s) may be obtained from one or more consumer credit reporting agencies. You understand that false statements may subject you to criminal penalties. You further understand that the Menlove Auto and/or the financial institution(s) that evaluate your application may require additional information. FAIR CREDIT REPORTING ACT DISCLOSURE: You understand that this application for credit will be submitted by the Menlove Auto to various financial institutions for evaluation. YOU MUST HAVE CURRENT PROOF OF INCOME for the Monthly Gross Income you stated above and any Additional Income you stated.

Signature I have read and understand the statement printed above:	Date

## Reference Sheet

1 APPLICANT'S EMPLOYER/BOSS					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Employer:	Work Phone:	Home Phone:	Cell Phone:		
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

2 CO-APPLICANT'S EMPLOYER/BOSS					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Work Phone:	Home Phone:	Cell Phone:			
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

3 LANDLORD					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Work Phone:	Home Phone:	Cell Phone:			
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

4 PARENT OR CLOSE RELATIVE					
Full Name:		Relationship:		How Long Have You Known Him/Her?	Years:
Street Address:		City:		State:	Zip Code:
Work Phone:	Home Phone:	Cell Phone:			
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected	
Spoke to/Comments:					

<b>5 FAMILY MEMBER OR FRIEND</b>				
Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Work Phone:		Home Phone:		Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected
Spoke to/Comments:				

<b>6 FAMILY MEMBER OR FRIEND</b>				
Full Name:		Relationship:		How Long Have You Known Him/Her?
				Years:
Street Address:		City:		State: Zip Code:
Work Phone:		Home Phone:		Cell Phone:
OFFICE USE ONLY: REFERENCE VERIFICATION		<input type="checkbox"/> No Answer	<input type="checkbox"/> Answering Machine	<input type="checkbox"/> Disconnected
Spoke to/Comments:				

**OFFICE USE ONLY**

Current Employer:		Phone:	Time On Job:
Spoke to/Comments:			
Previous Employer:		Phone:	Time On Job:
Spoke to/Comments:			

**READ BEFORE SIGNING:** I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this application.

Applicant Signature <i>I have read and understand the statement printed above:</i>		Date
Co-Applicant Signature <i>I have read and understand the statement printed above:</i>		Date