

LEASE ORDER FORM

DATE: _____

Please Print Neatly

Applicant's Name		Birthdate	Sex	DL#	Social Security #	
Co-applicant's Name		Relation to Applicant	Birthdate	Sex	DL#	Social Security #
Mailing Address		Apt #	City		State	Zip Code
Physical Address		Apt #	City		State	Zip Code
Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Message	Phone in Whose Name		Cell #	Email Address	
Utilities in whose name		Make & Model Auto	Color	Tag#	State	Where is auto financed
Current Landlord/Mortgage Company		Phone #	Mo. Pymt. Amt.	Move In Date	Lease/Mortgage in whose name	Length of Lease

If length of residence at current address is less than 1 year, give previous address

Previous Address	City	State	Zip Code	How Long	Previous Landlord	Phone #
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APPLICANT'S EMPLOYMENT OR INCOME INFORMATION

Where Employed/Source of Income		Address		City	State	Zip Code	Phone #
Position	How Long with Co.	Shift	Paid <input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Week		Day or Dates Paid	Next Pay Date	Take Home Pay \$

CO-APPLICANT'S EMPLOYMENT OR INCOME INFORMATION

Where Employed/Source of Income		Address		City	State	Zip Code	Phone #
Position	How Long with Co.	Shift	Paid <input type="checkbox"/> Once a Month <input type="checkbox"/> Twice a Month <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a Week		Day or Dates Paid	Next Pay Date	Take Home Pay \$

PERSONAL REFERENCES (at least 2 should be relatives with separate addresses)

	Address, City, State and Zip Code	Phone	Relationship
Parents			
Parents (or additional relatives)			
Name			
How did you first hear about us?	<input type="checkbox"/> 0 Yellow Pages <input type="checkbox"/> 2 Word of Mouth <input type="checkbox"/> 4 Mailer <input type="checkbox"/> 6 Repeat Business <input type="checkbox"/> 8 Internet <input type="checkbox"/> 1 Brochure <input type="checkbox"/> 3 Referral <input type="checkbox"/> 5 Newspaper <input type="checkbox"/> 7 Radio <input type="checkbox"/> 9 Walk-in		

What is the best day (or date) for you to make your rental payment? _____

Yes! I would like to receive Express Home Furnishings's exclusive promotional offers and information about products and services via telephone, including prerecorded messages, at my above number(s).

RELEASE OF INFORMATION TO EXPRESS HOME FURNISHINGS: (PLEASE READ BEFORE SIGNING)

The information I have provided on this form is correct. I authorize confirmation of all information that I have provided. You may contact any person or company that I have listed above for references or assistance in locating or contacting me, and I fully release all parties from liability for any damage that may result. My (our) signature(s) below indicates that for purposes of confirmation, I (we) have voluntarily waived the protection of all rights to privacy laws. This order may be rejected if any of the information provided above is found to be false. By providing my telephone number(s), including any cellular number(s), I consent to receiving calls (both live and automated) from Express Home Furnishings regarding my agreement(s). I am applying for a lease and am over eighteen (18) years of age.

Printed Applicant's Name _____

Signature of Applicant _____

Date _____

Printed Co-applicant's Name _____

Signature of Co-applicant _____

Date _____