PERSONAL CREDIT APPLICATION

LEASING ASSOCIATES

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ACCOUNT EXECUTIVE	BRANCH	DATE	LEASE NUMBER	
Scott Henderson	Illinois			❑ REPLACEMENT ❑ ADDITIONAL

GENERAL

NAME		AGE	MARITAL STATUS ❑ MARRIED ❑ SINGLE ❑ DIVORCED/SEPARATED	NO. OF CHILDREN	SPOUSE'S NAME

ADDRESS	TIME AT ADDRESS	❑ OWN HOME ❑ RENT	MONTHLY PAYMENT

PREVIOUS ADDRESS	TIME AT ADDRESS	CURRENT HOME PHONE NUMBER

EMPLOYER'S NAME AND ADDRESS	NO. OF YEARS EMPLOYED	MONTHLY INCOME	❑ SALARY ❑ COMMISSION ❑ HOURLY

TYPE OF BUSINESS	POSITION HELD	BUSINESS PHONE	SOCIAL SECURITY NUMBER

PREVIOUS EMPLOYER	NO. OF YEARS EMPLOYED	POSITION HELD

SPOUSE'S EMPLOYMENT (NAME AND ADDRESS)	NO. OF YEARS EMPLOYED	MONTHLY INCOME	POSITION

OTHER INCOME	SOURCE OF OTHER INCOME

BANK

BANK	ADDRESS	CITY	STATE	ZIP

BANK CONTACT	PHONE NUMBER	ACCOUNT NUMBERS	❑ CHECKING ❑ LOANS ❑ SAVINGS

BANK	ADDRESS	CITY	STATE	ZIP

BANK CONTACT	PHONE NUMBER	ACCOUNT NUMBERS	❑ CHECKING ❑ LOANS ❑ SAVINGS

REFERENCES

PERSONAL REFERENCE (NAME AND ADDRESS)

OTHER REFERENCES

DESCRIPTION

❑ OPEN END ❑ CLOSED END	ITEMS TO BE LEASED ❑ NEW ❑ USED	DRIVER'S NAME	PRIMARY LOCATION

NUMBER OF UNITS	DESCRIPTION OF ITEMS TO BE LEASED	AGREED VALUE

TERMS _____MONTHS   REPLACEMENT CYCLE _____ MONTHS

CREDIT DEPARTMENT

	BY	DATE	
❑ APPROVED			❑ LT + T AND ONE MONTHS RENT REQUIRED ON DELIVERY
❑ REJECTED	ADDITIONAL REQUIREMENTS ❑		

EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT YOUR CREDIT EXPERIENCE WITH ME.
THIS FURTHER AUTHORIZES THE ABOVE LISTED FINANCIAL INSTITUTION(S) TO RELEASE ANY OF MY CHECKING, SAVINGS AND/OR LOAN INFORMATION TO LEASING ASSOCIATES.

X

APPLICANT'S SIGNATURE	DATE