

# Consumer Lease Application

Date:	<b>-Bolded Fields are Required-</b>	
<input type="checkbox"/> If Joint Application indicate here <input type="checkbox"/> and fill out app for joint party.		<b>APPLICANT'S RESIDENCE INFORMATION:</b>
Primary use of vehicle: <input type="checkbox"/> Personal <input type="checkbox"/> Bus <input type="checkbox"/> Commercial		<b>Own Or Rent :</b>
<b>APPLICANT INFORMATION</b>		<b>Monthly Payments:</b>
<b>Full Name:</b>		Mortgage Co/Landlord name:
<b>Current Street Address:</b>		
<b>City, State Zip:</b>		<b>NEAREST RELATIVE:</b>
<b>Length At Address:</b>		Full Name:
<b>Social Security Number:</b>		Current Street Address:
<b>Home Phone:</b>		City, State Zip:
<b>Work Phone:</b>		Phone Number:
Previous Street Address:		Relation To Applicant:
City, State Zip:		<b>PERSONAL REFERENCE:</b>
<b>Birth Date (MM/DD/YY):</b>		Full Name:
		Current Street Address:
<b>EMPLOYMENT INFO:</b>		City, State Zip:
<b>Employer's Name:</b>		Phone Number
Employer's Street Address:		
City, State Zip:		
<b>Length At Employment:</b>		<b>VEHICLE INFORMATION</b>
<b>Occupation:</b>		VIN:
Previous Employer:		Year:
Employer's Street Address:		Make:
City, State Zip:		Model:
Length At Employment:		Trim Package:
		Exterior/Interior Color:
		Mileage:
		MSRP if New:
		Sales Price:
		Down Payment (if any):
		<b>BUYOUT/PAYOFF/ASSUMPTION INFO:</b>
		Payoff Amount:                      Good Till:                      Per Diem:
		Phone Number:                      Acct #:
		Spoke to:
		Payoff to:
		Overnight Address:
		City, State, Zip                      Attn:
		Lease Specialist Name:
		Phone Number:                      Main 512-346-3000
		Fax Number:                      Main 512-346-9995
		<b>Internal Use Only:</b>
		Customer Code:                      Order Number:
		Funder's Name:
		Contact:
		Phone Number:                      Fax Number:

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 Applicant Signature                      Date                      Co-Applicant Signature                      Date

I/we certify that the information herein is true, correct and complete.  
 I/we authorize you and any prospective assignee or anyone who participates in the credit decision, to obtain information concerning my/our credit and employment history, verify the information provided in this application, and obtain credit reports on me/us. You and your assignee are further authorized to release information about your credit experience with me/us.