



Leasing all makes and models of automobiles, trucks and vans

6345 Sommer Awning Blvd. Indianapolis, IN 46220 317-722-1814 317-722-1834 Fax

# APPLICATION FOR VEHICLE LEASE

DATE: \_\_\_\_\_

<b>APPLICANT</b>	PRINT FULL NAME OF PRIMARY APPLICANT	DRIVERS' LICENSE NO.	DATE OF BIRTH	HOME PHONE	SOCIAL SECURITY NO.	NO OF DEPENDENTS	
	PRESENT ADDRESS	NO. STREET	CITY	STATE	ZIP CODE	HOW LONG? YRS. MOS.	
	PREVIOUS ADDRESS	NO. STREET	CITY	STATE	ZIP CODE	HOW LONG? YRS. MOS.	
	<input type="checkbox"/> BUYING HOME <input type="checkbox"/> LEASING/RENTING	MONTHLY PAYMENT \$	LANDLORD/MTG HOLDER				
	NAME OF NEAREST RELATIVE NOT LIVING AT MY ADDRESS:			ADDRESS	PHONE NUMBER	RELATIONSHIP	

<b>EMPLOYMENT</b>	OCCUPATION	EMPLOYER	ADDRESS	TELEPHONE NUMBER	HOW LONG? YRS. MOS.
	PREVIOUS OCCUPATION	PREVIOUS EMPLOYER	ADDRESS	TELEPHONE NUMBER	HOW LONG? YRS. MOS.
	<b>NOTE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION</b>				

WAGE OR SALARY	<input type="checkbox"/> PER WEEK	OTHER INCOME:	<input type="checkbox"/> PER WEEK	SOURCE OF OTHER INCOME
<input type="checkbox"/> NET	<input type="checkbox"/> PER MONTH		<input type="checkbox"/> PER MONTH	
<input type="checkbox"/> GROSS \$	<input type="checkbox"/> PER YEAR	\$	<input type="checkbox"/> PER YEAR	

<b>FINANCIAL</b>	NAME OF BANK(S)	<input type="checkbox"/> CHECKING ACCOUNT NO		
		<input type="checkbox"/> SAVINGS ACCOUNT NO		
	NAME OF COMPANY OR BANK FROM WHICH LAST VEHICLE WAS	CITY, STATE	MONTHLY PAYMENT	<input type="checkbox"/> OPEN
<input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED		AMOUNT \$	<input type="checkbox"/> OR	<input type="checkbox"/> TRADI-IN
			<input type="checkbox"/> CLOSED	<input type="checkbox"/> SELLING

NAME AND ADDRESS OF PAST AND PRESENT CREDITORS	ACCT. IN NAME OF:	TYPE OF LOAN	ACCOUNT NUMBER	MO. PAYMENT	BALANCE OWED

<b>JOINT APPLICANT</b>	PRINT FULL NAME OF JOINT APPLICANT OR GARANTOR	DRIVERS' LICENSE NO.	DATE OF BIRTH	HOME PHONE	SOCIAL SECURITY NO.	RELATIONSHIP	
	PRESENT ADDRESS	NO. STREET	CITY	STATE	ZIP CODE	HOW LONG? YRS. MOS.	
	OCCUPATION	EMPLOYER	ADDRESS	TELEPHONE NUMBER	HOW LONG? YRS. MOS.		
	<input type="checkbox"/> BUYING HOME <input type="checkbox"/> LEASING/RENTING	MONTHLY PAYMENT \$	LANDLORD/MTG HOLDER				
	<b>NOTE: ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION</b>						

WAGE OR SALARY	<input type="checkbox"/> PER WEEK	OTHER INCOME:	<input type="checkbox"/> PER WEEK	SOURCE OF OTHER INCOME
<input type="checkbox"/> NET	<input type="checkbox"/> PER MONTH		<input type="checkbox"/> PER MONTH	
<input type="checkbox"/> GROSS \$	<input type="checkbox"/> PER YEAR	\$	<input type="checkbox"/> PER YEAR	

<b>VEHICLE</b>	<input type="checkbox"/> NEW	YEAR	MAKE	MODEL	M.S.R.P.
	<input type="checkbox"/> USED	# CYL.	TRANSMISSION	EQUIPMENT	BEGINNING MILEAGE
	<input type="checkbox"/> DEMO		<input type="checkbox"/> AUTO <input type="checkbox"/> MANUAL	<input type="checkbox"/> AIR COND. <input type="checkbox"/> STEREO TAPE	<input type="checkbox"/> SUN ROOF <input type="checkbox"/> CRUISE <input type="checkbox"/> LEATH INT. <input type="checkbox"/> TILT <input type="checkbox"/> OTHER _____
TRADE-IN INFORMATION	YEAR	MAKE	MODEL	MILEAGE	WHERE FINANCED/LEASED

SELLING PRICE OF VEHICLE \$ \_\_\_\_\_

CASH DOWN PAYMENT \_\_\_\_\_

NET TRADE-IN VALUE \_\_\_\_\_

NET CAPITALIZED COST \$ \_\_\_\_\_

LEASE TERM (MOS) \_\_\_\_\_

RESIDUAL VALUE \$ \_\_\_\_\_ / \_\_\_\_\_ %

MONTHLY PAYMENT \_\_\_\_\_

<input type="checkbox"/> BUSINESS	<input type="checkbox"/> OPEN
<input type="checkbox"/> CONSUMER	<input type="checkbox"/> CLOSED

I/We certify that all the information submitted in connection with this application is true and correct, and that I/we have not omitted any material information. I/We are making this application for the purpose of inducing you to lease one or more vehicles to me/us.

I/We authorize you to obtain credit reports and other credit information on me/us from credit reporting agencies or other creditors to be used in evaluating this application or for reviewing or collecting my/our account. I/We authorize you to exchange credit information on me/us from and with other creditors and credit reporting agencies.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

JOINT APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_