



PH: (314) 469-8951
 TOLL FREE: (800) 981-9032
 FAX: (314) 469-8915

DEALER NAME: _____
 CALL BACK NUMBER: _____
 INSTALLED EQUIPMENT BRAND: _____

12 MONTH SAC 90 DAY SAC 6 MO SAC REGULAR

LEASE APPLICATION

APPLICANT MUST BE PROPERTY OWNER

AMOUNT _____

*Approvals only good for 30 days

APPLICANT #1

NAME		SOCIAL SECURITY NO.	
STREET ADDRESS			YEARS
CITY	COUNTY	STATE	ZIP
PROPERTY OWNER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME (ONLY NON TRAILER PARK)			
PREVIOUS STREET ADDRESS			YEARS
PREVIOUS CITY			STATE ZIP
HOME PHONE () -		EQUIPMENT LOCATION ADDRESS:	
DATE OF BIRTH / /		MONTHLY MORT. PAYMENT	
EMPLOYED BY			PHONE () -
EMPLOYER'S ADDRESS			
POSITION			
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____		SALARY \$	PER WK. MO. YR.
ADDITIONAL SOURCES OF INCOME			
1)			\$
HAVE YOU FILED BANKRUPTCY WITHIN THE LAST 10 YEARS?			
NEAREST RELATIVE (OTHER THAN SPOUSE)			
ADDRESS			TEL#: PHONE () -
PERSONAL REFERENCE (NOT A RELATIVE)			PHONE () -

APPLICANT #2 (IF APPLICABLE)

NAME			
RELATIONSHIP			SOCIAL SECURITY NO.
CURRENT HOME ADDRESS			
CITY	STATE	ZIP	
HOME PHONE () -			
DATE OF BIRTH / /			
EMPLOYED BY			PHONE () -
LENGTH OF EMPLOYMENT YEARS _____ MONTHS _____		SALARY \$	PER WK. MO. YR.

I certify that the information furnished on this application is true to the best of my knowledge and belief. Authorization is hereby given to FTL Finance and/or any related business entity to contact recognized credit bureaus in order to secure credit information they may have pertaining to my credit paying habits, and further, to verify information furnished on this application. Application fee may be charged to applicant depending on applicants credit history.

APPLICANT'S SIGNATURE _____

DATE _____

APPLICANT #2 SIGNATURE _____

DATE _____