

EXPRESS CREDIT APPLICATION

APPLICANT			SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVERS LICENSE NO.	DEPENDENTS	HOME PHONE
ADDRESS			YEARS
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	MO. PMT.	BANK / MORTGAGE CO / MGMT CO	
PREVIOUS ADDRESS			YEARS

EMPLOYER			YEARS
ADDRESS			
POSITION	SALARY	PHONE NUMBER	
PREVIOUS EMPLOYER			YEARS
POSITION	SALARY	PHONE	
OTHER INCOME SOURCE			AMT. PER MONTH \$
CREDIT CARD NAME	CREDIT CARD #	EXPIRATION	
RELATIVE	ADDRESS	PHONE NUMBER	

I AUTHORIZE AUTO LEASE CONSULTANTS TO CHECK ANY/ALL CREDIT REFERENCES FOR THE PURPOSE OF EXTENDING CREDIT. IN THE EVENT THAT AUTO LEASE CONSULTANTS IS UNABLE TO PROVIDE ME WITH FINANCING, THIS AUTHORIZATION ALLOWS AUTO LEASE CONSULTANTS TO SUBMIT MY INFORMATION FOR APPROVAL WITH ASSOCIATE LENDING INSTITUTIONS FOR THE LOWEST RATE AND LEASING SERVICE PAYMENT.

SIGNATURE OF APPLICANT	DATE
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VEHICLE BEING TRADED <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE FILL OUT BELOW INFORMATION)
YEAR, MAKE, MODEL, OPTIONS: