



Rental Order Lease Form

ATTACH PHOTOCOPY OF PICTURE ID

**DO NOT COMPLETE SHADED AREAS
PLEASE FEEL FREE TO ASK FOR HELP**

Date: _____ Store No.: _____

GENERAL INFORMATION

Name	Date of Birth	Soc. Sec. No.:	Driver's License – State
Person Living With:	Date of Birth	Soc. Sec. No.:	Driver's License – State
Home Address:	Own Rent Other	City – State – Zip	How Long?
Mailing Address:	Previous Address:		Landlord's Phone No: ()
Home Phone No.:	How is Phone Listed?	Current Landlord:	
Auto - Year	Model:	Color:	License Plate No. State:
Auto Financed Through:	Auto Loan is: Open _____ Paid Out _____		Auto Loan in What Name?
Employer:	Address	Phone No:	Job Title / Dept.:
Length of Employment:	Working Hours From _____ To _____	Salary:	Supervisor:
Spouse Employer:	Address	Phone No:	Job Title / Dept.:
Length of Employment:	Working Hours From _____ To _____	Salary:	Supervisor:

PERSONAL REFERENCES: REQUIRES 3 RELATIVES & 3 FRIENDS

	Name:	Address:	City – State – Zip	Phone:	Relationship:
1.					
2.					
3.					
4.					
5.					
6.					

PREFERRED LEASE APPLICATION REQUIRED INFORMATION

Credit References:	Car Financed By:	Phone No.:
	House Financed By:	Phone No.:
Creditors:	1. Account No.:	Phone No.:
	2. Account No.:	Phone No.:
Number of Miles to Store: <input type="checkbox"/> One or Less <input type="checkbox"/> One to Two <input type="checkbox"/> Three or More		Please draw a map on back of this form if in a rural area.
Have You Rented From Our Company Before: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have You Rented From Other Rental Companies: <input type="checkbox"/> Yes <input type="checkbox"/> No Name Them:		

HOW DID YOU HEAR ABOUT STATON'S?

TELEVISION	WEB SITE / RTO-TO-GO
RADIO	POSTCARD
FLYER IN MAIL	
WORD OF MOUTH	
PASSING BY/ WINDOW DISPLAY	
NEWSPAPER	

READ CAREFULLY

I CERTIFY THE INFORMATION SUPPLIED IS TRUE AND CORRECT. I AGREE ALL INFORMATION OBTAINED HEREIN CAN BE VERIFIED. ANY FALSE INFORMATION GIVEN MAY RESULT IN REJECTION OF THIS ORDER. I HAVE READ AND UNDERSTAND THIS STATEMENT

SIGNATURE: _____

DATE: _____
THIS ORDER WILL NOT BE PROCESSED WITHOUT SIGNATURE AND PICTURE I.D.