



Dealer Name: \_\_\_\_\_

Call Back Number: \_\_\_\_\_

Installed Equipment Brand: \_\_\_\_\_

90 Day     6 Month     Regular

Ph: (314) 469-8951  
 Toll Free: 800-981-9032  
 Fax: (314) 469-8915

**LEASE APPLICATION**    AMOUNT \_\_\_\_\_

**Customer Information**

Name		Social Security Number	
Street Address			Years
City	County	State	Zip
Property Owner <input type="checkbox"/> Yes <input type="checkbox"/> No			
HOME <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDO <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> (ONLY NON TRAILER PARK)			Years
Previous Street Address			Zip
Previous City			State
Home Phone (    ) -		Equipment Location Address:	
Date of birth    /    /		Equipment Brand:	
Employed by			Phone (    ) -
Employer's Address			
Position			Salary \$    per Wk. Mo. Yr.
Length of Employment			Years
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 Number
Current Home Address			
City	State	Zip	
Home Phone (    ) -			
Date of birth    /    /			
Employed by			Phone (    ) -
Length of Employment		Years	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. \$50.00 application fee may be charged to applicant depending on applicants credit history.

Applicant's Signature

Date

Applicant #2 Signature

Date