



PHONE: (785) 273-5550
FAX: (785) 273-2848

(Individual)
LEASE CREDIT APPLICATION

DATE _____

| | | | | | | |
|--|---|----------------------------------|------------------------|----------------|------------------------|--------------------|
| PRINT NAME | FIRST | MIDDLE | LAST | DATE OF BIRTH | NO DEP | |
| HOME ADDRESS | NUMBER & STREET | CITY | STATE | ZIP | HOW LONG THERE YR. MO. | |
| OWN <input type="checkbox"/> RENT <input type="checkbox"/> | NAME & ADDRESS OF LANDLORD OR MORTGAGE HOLDER | | MO. PYMT. \$ | VALUE \$ | BALANCE \$ | HOME TELEPHONE NO. |
| PREVIOUS ADDRESS | | | HOW LONG THERE YR. MO. | YEARS IN STATE | | |
| NAME AND ADDRESS OF PARENTS OR NEAREST RELATIVE | | | RELATIONSHIP | PHONE | | |
| NAME & ADDRESS OF EMPLOYER | | | BUSINESS PHONE | | | |
| POSITION | HOW LONG YR. MO. | MONTHLY INCOME \$ | | SUPERVISOR | | |
| PREVIOUS EMPLOYER | YR. MO. | OTHER MONTHLY INCOME & SOURCE \$ | | | | |
| PREVIOUS ADDRESS & EMPLOYER (IF ABOVE DOES NOT REFLECT 5 YRS.) | | | | | | |
| SOCIAL SECURITY NUMBER | | | DRIVERS LICENSE NUMBER | | | |

| | | | | |
|---|--------------|----------------|------------------|--------------|
| LAST AUTO FINANCED OR LEASED BY | MAKE | YEAR | BALANCE OWING \$ | MO. PYMT. \$ |
| NAME & ADDRESS OF CREDITOR | TYPE OF LOAN | ORIG. AMOUNT | BALANCE | MO. PYMT. |
| | | | | |
| | | | | |
| | | | | |
| HAVE YOU EVER HAD A REPOSESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHEN? | | COMMENTS- | |
| HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| CHECKING ACCOUNT | NAME OF BANK | BRANCH OF BANK | PRESENT BALANCE | |
| SAVINGS ACCOUNT | | | PRESENT BALANCE | |

| | |
|-----------------------------|--|
| NAME OF INSURANCE COMPANY — | ESTIMATED ANNUAL MILEAGE _____ YR. |
| AGENT — | PHONE |
| AGENCY NAME & ADDRESS | VEHICLE TO BE USED PRIMARILY FOR: <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL |

| | | | | | | | | |
|----------------------|--------------------------------|--|--|------------------------------------|--|---|---|--|
| NEW/USED | YEAR | MAKE | CYL. | MODEL | BODY TYPE | COLOR | | |
| | | | | | | | | |
| CHECK ALL SPEC EQPT. | <input type="checkbox"/> AM-FM | <input type="checkbox"/> STEREO <input type="checkbox"/> TAPE | AUTO <input type="checkbox"/> TRANS | <input type="checkbox"/> VINYL TOP | <input type="checkbox"/> CRUISE <input type="checkbox"/> TILT | POWER <input type="checkbox"/> SEATS | POWER <input type="checkbox"/> WINDOWS | AIR <input type="checkbox"/> CONDITIONING |

1. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law concerning this company is the Federal Trade Commission.

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|-------------------------|---|
| FACTORY INVOICE _____ | THE UNDERSIGNED WARRANT THE ACCURACY OF THE ABOVE STATEMENTS GIVEN TO DEALER TO INDUCE DEALER TO LEASE AN AUTOMOBILE. |
| DUE DEALER _____ | |
| TERM VALUE _____ | |
| TOTAL PAYMENT _____ | |
| SECURITY DEPOSIT _____ | |
| TERM _____ MONTHS | |
| APPROX. DEL. DATE _____ | X _____ (LESSEE) |
| | X _____ (LESSEE) |