



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		SOCIAL SECURITY NO.	
RELATIONSHIP			
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