MANCHESTER LEASING COMPANY

LESSEE APPLICATION - INDIVIDUAL PART 1 APPLICANT INITIAL DATE OF BIRTH SOCIAL SECURITY NO. NO. DEPENDENTS HOME ADDRESS CITY STATE 7IP HOWMonth ONG COUNTY OF RESIDENCE -MAIL ADDRESS HOME PHONE NO. CELL PHONE FORMER HOME ADDRESS ZIP HOW CITY STATE Year Month EMPLOYED BY POSITION HOW Month Year ONG BUSINESS ADDRESS STATE BUSINESS PHONE MONTHLY GROSS SALARY NAME OF MY BANK Checking SOURCE OTHER MONTHLY INCOME CITY STATE Other Income - Excluding Alimony Child Support or Separate Maintenance Savings FORMER EMPLOYER POSITION HOW FORMER EMPLOYER ADDRESS Month LONG NAME OF RELATIVE NOT LIVING WITH YOU RELATIONSHIP CITY RELATIVE'S PHONE RELATIVE'S ADDRESS STATE 7IP OPTIONAL-Alimony as a Basis to Repay this Lease ANSWER ONLY IF Will Applicant Rely on Income From Child Support APPLICANT DESIRES Separate Maintenance State Amount To Be Received Monthly >>: **INITIALS** JOINT CREDIT - We intend to apply for joint credit. IF APPLYING FOR JOINT CREDIT COMPLETE PART 2, CO-APPLICANT SECTION **CO-APPLICANT** PART 2 INITIAI DATE OF BIRTH SOCIAL SECURITY NO. NO DEPENDENTS HOME ADDRESS CITY 7IP HOME PHONE NO STATE HOW Year Month LONG EMPLOYED BY POSITION HOW Year Month BUSINESS ADDRESS STATE BUSINESS PHONE MONTHLY GROSS SALARY CITY NAME OF MY BANK STATE Other Income - Excluding Alimony, SOURCE OTHER MONTHLY INCOME CITY Checking Child Support or Separate Maintenance NAME OF RELATIVE NOT LIVING WITH YOU RELATIONSHIP RELATIVE'S ADDRESS RELATIVE'S PHONE OPTIONAL -Alimony as a Basis to Repay this Lease YES NO ANSWER ONLY IF Will Applicant Rely on Income From Child Support APPLICANT DESIRES Separate Maintenance State Amount To Be Received Monthly >>> If Co-applicant section has been completed, both Applicant and Co-applicant should provide credit reference information. Mark Applicant-related information with an "A". If Co-Applicant section was not completed only give information about Applicant. PART 3 **CREDIT REFERENCES** (BANK, CREDIT UNIONS, FINANCE COMPANIES, STORES, ETC.) OWN BALANCE DUE LANDLORD OR MORTGAGE HOLDER DATE PURCHASED PAYMENT AMOUNT HOME RENT OTHERS - FIRM NAME TYPE OF LOAN WHOSE NAME ACCOUNT HELD PAYMENT AMOUNT BALANCE DUE ADDRESS TOTAL MONTHLY PAYMENTS INSURANCE AGENCY AGENT PHONE NUMBER THE ABOVE STATEMENTS ARE SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT AND ARE CERTIFIED TO BE TRUE AND CORRECT. I (WE) AGREE THAT USUAL CREDIT INQUIRIES MAY BE MADE TO VERIFY STATEMENTS. I (WE) AGREE THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE BANK WHETHER THE LEASE IS GRANTED OR NOT.

APPLICANT SIGNATURE DATE **CO-APPLICANT SIGNATURE**