



LEASE ORDER FORM

Driver's License _____ Vehicle Registration _____ Paystub/Income _____ Utility Bill _____

Date : _____

Taken By : _____

PERSONAL INFORMATION

Leasee's Name Mr. Ms. Mrs.	Last 4 of SSN #	Email	Date of Birth
Co-Leasee's Name Mr. Ms. Mrs.	Last 4 of SSN #	Email	Date of Birth

Address	Apt. #	City	State	Zip	Move in Date?
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Home Phone	Cell	Co-Leasee's Cell	Preferred Contact (circle one) Voice Text Email
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Landlord / Mortgage Co.	Address	Phone	Rent/Mortgage payment
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Previous Address	Apt. #	City	State	Zip	How Long?
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EMPLOYMENT / INCOME

Leasee's Employer		Employer Address						
Phone w/ extension	Position / Shift	Supervisor Name/Phone		Take Home Pay per Paycheck	Pay Day	Weekly Biweekly Monthly	Date Started	
Co-Leasee's Employer		Phone w/ extension	Position / Shift	Supervisor Name/Phone	Take Home Pay per Paycheck	Pay Day	Weekly Biweekly Monthly	Date Started
Leasee's Previous Employer	Phone	How Long?	Co-Leasee's Previous Employer		Phone	How Long		
Other Income Monthly Amount	Source	When Paid	Other Income Monthly Amount	Source	When Paid			

AUTO INFORMATION

Year	Make	Model	Color	Tag #	Vehicle Owner's Name	Purchase Date
Automobile Payment Monthly Amount		Lienholder Name		Lienholder Address		Lienholder Phone
Is Note Co-Signed?	Yes	No	If Yes, Full Name of Cosigner			Cosigner's Phone #

BANK ACCOUNT INFO

Name of Bank	Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Have you ever Leased To Own? Yes _____ No _____, If yes please complete below.

Company Leased From: _____ Location: _____

PERSONAL REFERENCES

Mother/Father	Address	City, State, Zip	Phone
Other Relative	Address	City, State, Zip	Phone
Friend/Relative	Address	City, State, Zip	Phone
Friend/Relative	Address	City, State, Zip	Phone

GENERAL RELEASE:

The undersigned below hereby consents to the release of information to RNR Tire Express. In particular, this release shall permit the disclosure to RNR Tire Express of such information regarding the undersigned in the possession of any agency or department of any state, government, the United States of America, any reference given, or my (our) present or past landlord, employer or lenders. I (we) understand that certain state and federal laws exist which protect my (our) right of privacy by restricting access to state and federal agency files or files held by third parties. My (our) signature(s) below indicate that I (we) have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the purpose of providing address, employment, motor vehicle or consumer loan information to RNR Tire Express. I agree to allow RNR Tire Express to contact me for any purpose necessary via voice, voicemail, text and email and I understand I can opt out at any time.

Leasee's Signature _____ Co-Leasee's Signature _____

EMPLOYER

Name and Title with whom we are speaking: _____

Date of Hire: _____

Position/Title: _____

Note: Attach The Work Number report where applicable

CAR INFORMATION

DMV RECORD VERIFICATION: Yes _____ No _____

Comment: _____

Name/Title with whom we are speaking: _____

Lienholder Name: _____ Lienholder Phone: _____

Borrower's Names: _____

Purchase Date: _____ Payment Amount \$ _____ Per Week _____ Per Month _____

Next Due Date: _____ Date Last Paid: _____

RESIDENCE

Apartment or Owner Name: _____ Phone: _____

City Assessor (if owned): _____

Name of Owner: _____ Owner Address: _____ Date of Transfer: _____

With Whom Did You Speak? (Attach online report if applicable) _____

Verify Address: Yes _____ No _____ Move in Date: _____ Monthly Rent \$ _____ Next Due Date: _____ Date Last Paid: _____

Lease Expiration Date: _____ Eligible For Renewal Yes _____ No _____

TLO

Identity verified: Yes _____ No _____ Last known Address Same: Yes _____ No _____

Last Known Phone Number Same: Yes _____ No _____ Last Known Email Same: Yes _____ No _____

FOR RNR OFFICE USE ONLY

REFERENCES

Verify Relationship

Verify Address/Employment

Verify Telephone Number

Is Mr./Ms. _____ Reliable/Responsible? _____

May we leave a message? _____

1		2		3		4		5		6	
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

Verification By: _____ Date: _____

Print Name

Sign Name