

RIGHT TIME

Home Furnishings

RENTAL ORDER FORM

DATE:
TAKEN BY:
APPROVED BY:

PERSONAL	NAME (FIRST, MIDDLE, LAST):	DATE OF BIRTH:	DRIVER'S LICENSE #:	SOCIAL SECURITY #:	TT
	CO-RENTER'S NAME:	DATE OF BIRTH:	DRIVER'S LICENSE #:	SOCIAL SECURITY #:	TT
	E-MAIL ADDRESS:				

RESIDENCE	YOUR ADDRESS:	CITY, STATE, ZIP CODE:	APT/LOT #:	PHONE:	PHONE
	LANDLORD'S NAME:	LANDLORD'S PHONE #:	HOW LONG?	PHONE NUMBER TO LEAVE MESSAGE AT:	LL

EMPLOYMENT	RENTER'S EMPLOYER:	JOB TITLE:	SHIFT/PAY DAY:	YEARS EMPLOYED:	PHONE NUMBER:	JOB
	SUPERVISOR'S NAME:	If not currently employed, what type of income do you receive? <input type="checkbox"/> Disability <input type="checkbox"/> SSI <input type="checkbox"/> AFDC <input type="checkbox"/> Other			MONTHLY AMOUNT:	
	CO-RENTER'S EMPLOYER:	JOB TITLE:	SHIFT/PAY DAY:	YEARS EMPLOYED:	PHONE NUMBER:	JOB
	SUPERVISOR'S NAME:	If not currently employed, what type of income do you receive? <input type="checkbox"/> Disability <input type="checkbox"/> SSI <input type="checkbox"/> AFDC <input type="checkbox"/> Other			MONTHLY AMOUNT:	

PERSONAL REFERENCES	NAME OF FRIEND OR RELATIVE	RELATIONSHIP?	STREET, CITY, STATE	AREA CODE	PHONE NUMBER	REF	
	CO-RENTER REFERENCE:						
CO-RENTER REFERENCE:							

OTHER	AUTOMOBILE: YEAR/MAKE/MODEL:	COLOR:	TAG #:	NAME TITLE IS IN:	FINANCED BY:	PHONE #:	TAG
	HAVE YOU HAD AN ACCOUNT WITH US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN/WHERE _____			WHO ELSE YOU RENTED FROM?	CIRCULAR TELEVISION RADIO YELLOW PAGES SAW STORE REFERRED BY: _____		

EVERYTHING I HAVE STATED ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS REQUEST WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY EMPLOYMENT HISTORY, VERIFY RESIDENCE THROUGH MY LANDLORD, AND CONTACT MY PERSONAL REFERENCES.

RENTER:	DATE:
CO-RENTER:	DATE: