

Lessee Application



Cinemacar Leasing

45 Old Hook Road
Westwood, New Jersey 07675

Sales: (201) 722-9500
Fax Sales: (201) 722-0035
Fax Office: (201) 722-8708

APPLICANT	CUSTOMER NAME					SOCIAL SECURITY #		DATE OF BIRTH		DEPEND.							
	CURRENT ADDRESS				CITY		STATE		ZIP	# YEARS							
	HOME PHONE		<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS	PURCHASE PRICE		MARKET VALUE		OUTSTANDING BALANCE		MONTHLY RENTAL OR MORTGAGE							
	NAME AND ADDRESS OF LANDLORD OR MORTGAGE HOLDER																
	PREVIOUS HOME ADDRESS (IF CURRENT LESS THAN 4 YEARS)				CITY		STATE		ZIP	# YEARS							
	NAME OF EMPLOYER			ADDRESS OF EMPLOYER								# YEARS					
	BUSINESS PHONE		ANNUAL SALARY		POSITION IN COMPANY		OTHER INCOME		SOURCE OF OTHER INCOME								
	NAME OF PREVIOUS EMPLOYER			ADDRESS OF PREVIOUS EMPLOYER								# YEARS					
	BUSINESS PHONE		ANNUAL SALARY		POSITION IN COMPANY		NAME OF PERSON TO CONTACT TO VERIFY				HIS/HER POSITION						
	PERSONAL CHECKING BANK		ADDRESS					ACCOUNT NUMBER									
NAME AND ADDRESS OF RELATIVE (NOT LIVING WITH YOU)								PHONE									
INSTAL. CREDIT		ORIGINAL AMT.		BALANCE		PAYMENT		INSTAL. CREDIT (2)		ORIGINAL AMT.		BALANCE		PAYMENT		<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> M/C	
JOINT APPLICANT	NAME OF JOINT APPLICANT					SOCIAL SECURITY #		DATE OF BIRTH		DEPEND.							
	CURRENT ADDRESS				CITY		STATE		ZIP	# YEARS							
	HOME PHONE		<input type="checkbox"/> OWNS <input type="checkbox"/> RENTS	PURCHASE PRICE		MARKET VALUE		OUTSTANDING BALANCE		MONTHLY RENTAL OR MORTGAGE							
	NAME AND ADDRESS OF LANDLORD OR MORTGAGE HOLDER																
	PREVIOUS HOME ADDRESS				CITY		STATE		ZIP	# YEARS							
	NAME OF EMPLOYER			ADDRESS OF EMPLOYER								# YEARS					
	BUSINESS PHONE		ANNUAL SALARY		POSITION IN COMPANY		OTHER INCOME		SOURCE OF OTHER INCOME								
	NAME OF PREVIOUS EMPLOYER			ADDRESS OF PREVIOUS EMPLOYER								# YEARS					
	BUSINESS APPLICANT	FIRM NAME					NATURE OF BUSINESS			YRS. IN BUS.							
		CURRENT ADDRESS				CITY		STATE		ZIP	# YEARS						
BUSINESS PHONE		NAME AND ADDRESS OF PARENT COMPANY				FED#		TAX ID#									
PREVIOUS ADDRESS				CITY		STATE		ZIP	# YEARS								
GR. REV.		NET EARNINGS		CORPORATION		PARTNERSHIP		PROPRIETORSHIP		DATE OF INCORP.		STATE OF INCORP.		D & S RATING			
BUSINESS CHECKING BANK		ADDRESS					ACCOUNT NUMBER										
PHONE		CONTACT OR BANK OFFICER				TYPE OF ACCOUNT				DATE OPENED							
BUSINESS CHECKING BANK		ADDRESS					ACCOUNT NUMBER										
PHONE		CONTACT OR BANK OFFICER				TYPE OF ACCOUNT				DATE OPENED							
TRADE REF. (1)			ADDRESS			PHONE			CONTACT/ACCT. #								
<p>All the information given on this application is true, correct and complete. I understand that the creditor will rely on this application in deciding whether to grant the requested credit and will retain this application whether or not it is approved. I authorize the creditor to check my credit and employment history. Upon request, the creditor will tell me whether or not a consumer report was obtained and furnish me with the name and address of the consumer reporting agency. If this application is approved, I also authorize the creditor to give information about this credit experience with me to others.</p>																	
SIGNATURE OF PRIMARY OR BUSINESS APPLICANT					DATE		SIGNATURE OF CO-APPLICANT OR GUARANTOR				DATE						
USE ONLY	DEALER NAME				SALESMAN			PHONE		DATE		TIME					
	YEAR		MAKE			MODEL											
	MONTHLY RENTAL		LEASE TERM (NO. OF MONTHS)		CAPITALIZED COST (before cap cost red)		MFG SUGGESTED RETAIL		CAPITALIZED COST REDUCTIONS		GROSS CAP. COST (selling price + extra cap cost red)		RES. VAL.				