Colony Furniture Leasing

CREDIT APPLICATION

Phone Number: (706) 561-

9525

Fax Number: (706) 561-

9575

				CL	<u>JSTC</u>	OMER INF	OR <u>MA</u>	TION_					
Full Name					Date	of Birth	Social Security #			Driver's Licer			State
									1	1			
Address			Apt		City			State	Zip Code		How long		
Home Phone # Cell Phone #			Whose Name is on Lease (If F				ed)	ose Name Ar	e The T	elephone	e/Utilities		
Previous Address (If Less Than 3 Years At Above)				How I	ong		Address on License (If Different Fr Current)			m Email Address			
Spouse Name					Date	e of Birth	Spouse Social Securi			Driver's Li	cense #		State
				#			#						
Other Adult in Household				Relationship Cell Phone #								1	
					001	IDOE OF	INGO	4-					
Employer				lok		URCE OF	INCON	/IE		lira Data		Chiff / D	uningga Haura
Employer				Job Title / Position						Hire Date		Shift / Business Hours	
Employer Address				Income		How Often	How Often Paid S		upervisor		Pho	Phone #	
				\$									
Date	Initials	Pe	erson Speaking			Date of	Hire	Position	n			Depar	tment
Employer of Spouse				Job Title / Position of Sp			ouse			ire Date Sh		Shift / B	usiness Hours
Employer Address				Income		How Often	How Often Paid		Supervisor		Phone #		
Date Davids Davids Co.				\$		D-46	Date of Hire		Position		Donoutmont		
Date	Initials Person Speaking					Date of	Jate of Hire Position		on			Department	
				-D	-DQ			CES					
Relative			Street Address	FI	-175	ONAL RE			one#			Relations	chin
Street Address					City / S	City / State / Zip		riione #		Relationship		y ii p	
Relative Street Address			Street Address			City / State / Zip		Ph	Phone #			Relationship	
					•								
Reference			Street Address	City / State / Zip		Phone #				Relationship			
Reference S		Street Address	ress		City / State / Z		Phone #			F		ship	
Have you eve	er rente	ed fro	om a rental co	mpar	ιу⊡	∐es	I	No	What	rental con	npany	?	

RELEASE OF INFORMATION TO COLONY FURNITURE LEASING: (PLEASE READ BEFORE SIGNING)

The information I have provided on this form is correct. I authorize confirmation of all information that I have provided. For any agreement that I enter into with Colony Furniture Leasing, I consent to Colony Furniture Leasing contacting any person or company that I have listed above for references or assistance in locating me, and I fully release all parties from all liability for any damage that may result. My (our) signature(s) below indicates that for purpose of confirmation, I (we) have voluntarily waived the protection of all rights to privacy laws. This order may be rejected if any information provided above is found to be false. By providing my telephone number(s), including any cellular number(s), I consent to receiving calls from Colony Furniture Leasing regarding my agreement(s). I also understand that this application will become part of my (our) permanent file and contract is pending credit approval.

I AM APPLYING FOR A LEASE AND I AM OVER EIGHTEEN (18) YEARS OF AGE.

Order Taken By: _ Processed By:	Time: Time:
PHONE SALE O	IN STOPE
Comments:	

SIGNATURE	DATE
SIGNATURE	DATE

Furniture Associates Inc. DBA Colony Furniture Leasing