

Mark Sales and Leasing

RENTAL ORDER FORM

Date: _____

Renter: _____ DOB: _____ Sex: _____ SS#: _____
Co: _____ Relation: _____ DOB: _____ Sex: _____ SS#: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Who's Name: _____ Other: (____) _____

Current Landlord: _____ Rent: \$ _____ Phone: (____) _____ How Long: _____
Previous Landlord: _____ Phone: (____) _____ Address: _____

I (we) agree to allow Mark Sales and Leasing to access through landlord(s) to repossess merchandise in the event of failure to pay.

Signature: _____ Date: _____

Signature: _____ Date: _____

RENTERS EMPLOYMENT/INCOME INFORMATION

Employer: _____ Phone: (____) _____ Address: _____
Position: _____ How Long: _____ Wage: \$ _____ Date Paid: _____ Take Home: \$ _____

SPOUSE EMPLOYMENT/INCOME INFORMATION

Employer: _____ Phone: (____) _____ Address: _____
Position: _____ How Long: _____ Wage: \$ _____ Date Paid: _____ Take Home: \$ _____

PERSONAL REFERENCES (Two (2) Should Be Relatives)

1. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____ Relation: _____
2. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____ Relation: _____
3. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____ Relation: _____
4. Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____ Relation: _____

READ STATEMENT BEFORE SIGNING

I (we) promise that the information I (we) have provided on the rental order form is correct. I (we) authorize complete verification of all information that I (we) have provided. Mark Sales and Leasing may contact any person, landlord, employer, and/or company listed on rental order form, or consumer credit reporting agency. I (we) fully release all parties from all liability for any damage that may result. My (our) signature(s) below indicate that for purpose of verification I (we) have voluntarily waived the protection rights to privacy laws. This form is an application to rent and may be rejected if I (we) fail to qualify or if any information provided is found to be false. I (we) am (are) responsible for keeping the above information current upon qualification.

Name (Print): _____

Signature: _____ Date: _____

Co Name (Print): _____

Co Signature: _____ Date: _____