

REN'TOWN

104 Betty Avenue
P.O. Box 750
Montgomeryville, PA 18936
Tel: (215) 361-6900 * Fax: (215) 361-3009
www.RenTOwn.com

REN'TOWN

Customer Information Sheet

Date: _____

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First Middle Last

Customer's Full Name _____ Social Security # _____

DOB _____ Driver's License number _____ State _____

Home # _____ Work # _____ Cell # _____ Other # _____

Marital Status:

Single Married Divorced/Separated/Widowed Maiden name _____

RESIDENCE

Address _____ Apt. # _____

City _____ State _____ Zip _____

How long have you lived at the above address? _____ How many years have you lived in the area? _____

Overall Status:

Live with others Live with parents Rent Lease Own

Adults in household (other than self):

Name	Relationship	Social Security #	DOB	Employer	Employer phone #

If renting or leasing, provide landlord's name and contact information.

Name	Address	Phone number(s)
(current)		
(previous)		

List previous addresses for the past two years.

Dates	Address	City	State	Zip Code

Date: _____

Customer Name _____

EMPLOYMENT

Job title _____ Employer _____

Address _____ City/State/Zip _____

Hire Date _____ Supervisor _____ Phone _____

Working:

Full time Part time Not working

Paid:

Once/week Every two weeks Once/month

Monthly gross income \$ _____

Day of week paid _____

Work history for the past 2 years:

Dates	Job Title	Supervisor	Contact number

ADDITIONAL MONTHLY INCOME

Source	Amount (per month)

TOTAL GROSS ANNUAL HOUSEHOLD INCOME

- Under \$18,000
 \$18,000-\$19,999
 \$20,000-\$24,999
 \$25,000-\$29,999
 \$30,000-\$34,999
 \$35,000-\$39,999
 \$40,000-\$44,000
 \$45,000-\$49,999
 \$50,000-\$54,999
 \$55,000 or more

Customer Name _____

PERSONAL REFERENCES

AT LEAST THREE OF THE SIX REFERENCES MUST BE RELATIVES. PLEASE FILL IN ALL SIX.

Name	Address	City/State/Zip	Phone #	Relationship
1.				
2.				
3.				
4.				
5.				
6.				

RELEASE OF ADDRESS (LOCATION) INFORMATION TO DEALER

The undersigned below hereby consent(s) to the release of information concerning my (our) address or location to dealer. In particular, this release shall permit the disclosure to dealer of such information regarding the undersigned in the possession of any agency or department of any state government or the United States of America, or of any other person or agency, or my (our) current or past employer. This release shall be effective for 24 months from the date below. I (we) understand that certain state and federal laws exist which protect my (our) right to privacy by restricting access to state and federal agency files, or files held by third parties. My (Our) signatures below indicate that I (we) have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the limited purpose of providing address information to dealer.

Renter 1

Renter 2

Date

I certify that the information supplied by me on this form is true and correct. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above, and fully release all parties from all liability for any damage that may result. Any false statement made above shall be sufficient basis for rejection of this order.

I have read and understand the statement printed above.

Signature _____

Date: _____

If this order is rejected, I may request the reason(s) for same by sending to the store manager a self-addressed, stamped envelope requesting the reason(s).

I hereby authorize any institution to release credit information concerning myself to North Penn Financial Group, Ltd. or its related finance companies. This authorization is given to North Penn Financial Group, Ltd. or its related finance companies to evaluate my request for long-term lease rental.

Signature _____

Date _____