

Rental Order

Weeks \$ _____	Month \$ _____	Term _____	() In Store () Phone () Field	Will Pay Now () C. O. D. ()
_____ / _____	_____ / _____	_____ / _____	Date _____ Time _____	O. P. Fee \$ _____
_____ / _____	_____ / _____	_____ / _____	Route No. _____ Map Code _____	Del. Fee \$ _____
_____ / _____	_____ / _____	_____ / _____	Taken By _____ Verified By _____	Rent \$ _____
_____ / _____	_____ / _____	_____ / _____	Teletrack Approval # _____	Sales Tax \$ _____
_____ / _____	_____ / _____	_____ / _____	Teletrack Denial # _____	Insurance \$ _____
_____ / _____	_____ / _____	_____ / _____	Approved By: _____	Club \$ _____
_____ / _____	_____ / _____	_____ / _____	Rejected By: _____	TOTAL \$ _____
_____ / _____	_____ / _____	_____ / _____	Reason: _____	Next Due Date _____
_____ / _____	_____ / _____	_____ / _____	Del. Date _____ Time _____	

Renters Full Name	Date of Birth	Social Security No.	Sex	Ht	Wt	Eyes
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Address	City	State	Zip Code	Apt No.	How Long	Ph# () Mes ()
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Landlords Name () Mortgage Co. ()	Address	Phone No.
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Previous Address	Renters Home Town & Contact There	Time In This Area
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Renters Employer	Address	How Long There	Phone Number
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Supervisor	Your Occupation	Work Hours	PayDay
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Renters Auto, Year, Make & Model	Color	License Plate No.	Drivers License No.
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Co-Renters Full Name	Date of Birth	Social Security No.	Sex	Ht.	Wt.	Eyes
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Co-Renters Employer	Address	How Long There	Phone Number
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Supervisor	Your Occupation	Work Hours	PayDay
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Co-Renters Auto, Year, Make & Model	Color	License Plate No.	Drivers License No.
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Previous Address	Co-Renters Home Town & Contact There	Time In This Area
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference (Renters Closest Relative)	Address	Relationship	Phone Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference (Co-Renters Closest Relative)	Address	Relationship	Phone Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference (Friend Or Relative)	Address	Relationship	Phone Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference (Friend Or Relative)	Address	Relationship	Phone Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reference (Friend Or Relative)	Address	Relationship	Phone Number

Signature: <u>X</u>	Comments: _____
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What Brought You Into This Store? TV - What Channel? _____ Radio - What Station? _____ Door Flyer

Direct Mail Shopper/Magazine Yellow Pages Appearance Friend - Their Name- _____