



# CONSUMER LEASE APPLICATION

7200 MOPAC NORTH, SUITE 430  
 AUSTIN, TEXAS 78731  
 TEL. (512) 346-9977  
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## DEALERSHIP INFORMATION ONLY

DEALERSHIP <b>TLC/APPLE LEASING</b>			
CONTACT		PHONE NO. <b>(512) 346-9977</b>	
YEAR	MAKE	MODEL	
MSRP	CAP	TERM	PAYMENT \$

SALESPERSON'S NAME	RESIDUAL VALUE \$
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### SECTION A - APPLICANT INFORMATION

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NO.	HOME PHONE
CURRENT ADDRESS				
PREVIOUS ADDRESS (MIN 5 YR. HISTORY-USE ADDITIONAL SHEETS IF NECESSARY)			ZIP CODE	HOW LONG? YRS. MOS.
EMPLOYER NAME		HOW LONG? YRS. MOS.		OCCUPATION
GROSS MONTHLY SALARY \$	MONTHLY COMMISSIONS/BONUS \$	OTHER MONTHLY INCOME \$	SOURCE (ALIMONY, CHILD SUPPORT - OPTIONAL)	
TOTAL MONTHLY INCOME \$		PREVIOUS EMPLOYER NAME, CITY, STATE		
PHONE NO.		HOW LONG? YRS. MOS.	OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU (FULL ADDRESS)				RELATIONSHIP

### SECTION B - CO-APPLICANT INFORMATION

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NO.	HOME PHONE
CURRENT ADDRESS - STREET				
CITY		STATE	ZIP	HOW LONG? YRS. MOS.
EMPLOYER NAME		HOW LONG? YRS. MOS.	SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPATION
BUSINESS PHONE		GROSS MONTHLY INCOME \$		
MONTHLY COMMISSIONS/BONUS \$		OTHER MONTHLY INCOME \$		SOURCE (ALIMONY, CHILD SUPPORT - OPTIONAL)
TOTAL MONTHLY INCOME \$		PREVIOUS EMPLOYER NAME, CITY, STATE		
PHONE NO.		HOW LONG? YRS. MOS.	OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU (NAME/ADDRESS)				RELATIONSHIP

### SECTION C - CREDIT INFORMATION

RESIDENCE	LIENHOLDER OR LANDLORD NAME	ACCOUNT NO.	ORIGINAL BALANCE	BALANCE OWING	MO. PAYMENT
<input type="checkbox"/> BUYING OR OWN <input type="checkbox"/> RENT <input type="checkbox"/> WITH PARENTS	ADDRESS		\$	\$	\$
NAME AND ACCOUNT NO.	ADDRESS		\$	\$	\$
NAME AND ACCOUNT NO.	ADDRESS		\$	\$	\$
PREVIOUS VEHICLE WAS <input type="checkbox"/> LEASED <input type="checkbox"/> PURCHASED	NAME OF LESSOR OR FINANCING CREDITOR	BRANCH NO.	CITY, STATE	ACCOUNT NO.	ORIGINAL BALANCE <input type="checkbox"/> OPEN <input type="checkbox"/> PAID <input type="checkbox"/> TRADE
CHECKING	NAME	BRANCH	PHONE	ACCOUNT NO.	BALANCE
SAVING/	NAME	BRANCH	PHONE	ACCOUNT NO.	BALANCE

### SECTION D - AUTO INFORMATION

HAVE YOU EVER HAD YOUR DRIVERS LICENSE REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR PREVIOUS VEHICLE INSURANCE COVERAGE <input type="checkbox"/> STANDARD <input type="checkbox"/> RISK POLICY	IS VEHICLE TO BE USED PRIMARILY FOR <input type="checkbox"/> BUSINESS, COMMERCIAL OR AGRICULTURAL <input type="checkbox"/> PERSONAL, FAMILY, OR HOUSEHOLD	ARE ANY DEBTS NOW PAST DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO
EXPLANATION OF THE ANSWERS (ATTACH ADDITIONAL SHEETS IF NECESSARY)			

### SECTION E - SIGNATURES (IF JOINTLY APPLYING BOTH MUST SIGN)

THIS APPLICATION IS TO INDUCE YOU TO GRANT CREDIT TO ME (US.) I (WE) CERTIFY THAT THE INFORMATION HEREIN IS TRUE, CORRECT AND COMPLETE. I (WE) AUTHORIZE YOU AND ANY PROSPECTIVE ASSIGNEE OR ANYONE WHO PARTICIPATES IN THE CREDIT DECISION, TO OBTAIN INFORMATION CONCERNING MY (OUR) CREDIT AND EMPLOYMENT HISTORY, VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION, AND OBTAIN CREDIT REPORTS ON ME (US.) YOU AND YOUR ASSIGNEE ARE FURTHER AUTHORIZED TO RELEASE INFORMATION ABOUT CREDIT EXPERIENCE WITH ME.

APPLICANT _____	DATE _____	CO-APPLICANT _____	DATE _____
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