

CUSTOMER ORDER FORM

DATE _____ STORE _____ TAKEN BY _____

WHAT ARE YOU INTERESTED IN? _____

WHAT PUT YOU IN THE MARKET? _____

WHO IS GOING TO USE IT? _____

HOW ARE YOU GOING TO USE IT? _____



We Rent for Less ALWAYS!

HOUSEHOLD	NAME		MAIDEN NAME		SOCIAL SECURITY #	BIRTHDATE	DRIVER'S LICENSE #	EXP. DATE	
	NAME OF OTHER ADULT IN HOUSEHOLD		MAIDEN NAME		RELATIONSHIP	SOCIAL SECURITY #	BIRTHDATE	DRIVERS LICENSE #	EXP. DATE
	ADDRESS				APT./FLOOR	CITY/STATE/ZIP		HOW LONG	
	BEST CONTACT INFORMATION:		PHONE #1	EXT #	PHONE #2	EXT #	PHONE #3	EXT #	EMAIL
EMPLOYMENT	EMPLOYER		ADDRESS		CITY/STATE/ZIP		PHONE #	EXT. #	
	HIRE DATE	SHIFT/HOURS	DEPT.		JOB TITLE		SUPERVISOR		
	WORKING:		PAID:		TAKE HOME PAY	DAY OF WEEK PAID	ADDITIONAL INCOME	SOURCE	
	1. Full Time <input type="checkbox"/>		1. Once A Week <input type="checkbox"/>		\$				
	2. Part Time <input type="checkbox"/>		2. Every Two Weeks <input type="checkbox"/>						
	3. Not Working <input type="checkbox"/>		3. Once A Month <input type="checkbox"/>						
PREVIOUS EMPLOYMENT			ADDRESS		CITY/STATE/ZIP		PHONE #		
EMPLOYER (OTHER ADULT IN HOUSEHOLD)			ADDRESS		CITY/STATE/ZIP		PHONE # EXT. #		
RESIDENCE	HIRE DATE		SHIFT/HOURS		DEPT.		JOB TITLE		SUPERVISOR
	TYPE OF HOME:		DOES THIS PRODUCT GO:		LEASE IN WHOSE NAME				
	<input type="checkbox"/> QUADPLEX <input type="checkbox"/> DUPLEX		<input type="checkbox"/> UPSTAIRS <input type="checkbox"/> DOWNSTAIRS						
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> APARTMENT								
CURRENT LANDLORD			ADDRESS		CITY/STATE/ZIP		PHONE #		
PREVIOUS ADDRESS			CITY/STATE/ZIP		FROM		TO		
PREVIOUS LANDLORD			ADDRESS		CITY/STATE/ZIP		PHONE #		
AUTO	AUTO - YEAR	MAKE	MODEL	COLOR	LICENSE PLATE #	STATE	FINANCED THROUGH		
	AT LEAST 2 OUT OF THE 6 REFERENCES MUST BE RELATIVES. PLEASE FILL OUT ALL 6 REFERENCES.								
PERSONAL REFERENCES	NAME		ADDRESS		CITY/STATE/ZIP		PHONE #	RELATIONSHIP	
	1. _____		_____		_____		_____	_____	
	2. _____		_____		_____		_____	_____	
	3. _____		_____		_____		_____	_____	
	4. _____		_____		_____		_____	_____	
	5. _____		_____		_____		_____	_____	
6. _____		_____		_____		_____	_____		
Why Did You Decide To Come In Today (check all that apply)					Have You Rented From Rent 1st Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Favorite Search Engine		
1. <input type="checkbox"/> Current Customer 5. <input type="checkbox"/> Mailer 9. <input type="checkbox"/> Television Ad					Have You Rented From Any Other Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No		Favorite Newspaper		
2. <input type="checkbox"/> Door Hanger 6. <input type="checkbox"/> Newspaper Ad 10. <input type="checkbox"/> Referral					Please List Other Companies You Have Rented From:		Favorite TV Network/Show		
3. <input type="checkbox"/> Drive By or Walk In 7. <input type="checkbox"/> None If yes referred by _____					_____ COMPANY NAME _____ COMPANY NAME				
4. <input type="checkbox"/> Internet 8. <input type="checkbox"/> Previous Customer _____									
<p>RELEASE OF ADDRESS (LOCATION) INFORMATION TO: The undersigned below hereby consent(s) to the release of information concerning my (our) address or location to Rent 1st. In particular, this release shall permit the disclosure to Rent 1st 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. 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</p> <p>READ STATEMENT BEFORE SIGNING: 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.</p> <p>I have read and understand the statement printed above. If this order is rejected, I may request the reason(s) for same by sending a self-addressed stamped envelope requesting the reason(s) to the store manager.</p>									
X _____ Renter 1			X _____ Renter 2			_____ Date			
PROPER ID IS REQUIRED: DL#: _____ EXPIRES: _____ STATE: _____									