

CREDIT APPLICATION

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Home Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Gross Income:		
Previous employer or college:			
Address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Gross Income:		
Have you ever declared bankruptcy? (If yes, what year):			
Address:			Phone:
City:	State:	ZIP Code:	
Relationship:			
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
EMPLOYMENT INFORMATION			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Previous employer:			
Address:			
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary:	Annual income:	
I authorize South Shore Auto Lease Consultants, Inc. to verify the information provided on this form as to my credit and employment history.			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date