

COUNTRY LEASING

INDIVIDUAL CONSUMER LEASE CREDIT APPLICATION

•1525 SW Adams St•Peoria, Il 61602•
Phone: 800-553-3503•Fax: 800-473-6088

Date: _____
Lease Representative: _____

Is this application joint with anyone else? NO YES

PLEASE PRINT NAME _____ Relationship: _____

IDENTIFICATION - PLEASE PRINT

FIRST NAME	MI	LAST NAME	HOME PHONE NUMBER ()	SOCIAL SECURITY NUMBER	BIRTH DATE
HOME ADDRESS, NUMBER AND STREET	CITY	STATE	ZIP	# YRS.	YRS. IN STATE <input type="checkbox"/> OWN <input type="checkbox"/> RENT # DEP.
PREVIOUS ADDRESS, NUMBER AND STREET	CITY	STATE	ZIP	# YRS.	DRIVER'S LICENSE NUMBER
NAME OF NEAREST RELATIVE NOT LIVING W/YOU	CITY	STATE	ZIP	RELATIONSHIP	PHONE NUMBER ()

EMPLOYMENT

NAME OF EMPLOYER	ADDRESS, NUMBER AND STREET	CITY	STATE	ZIP
BUSINESS PHONE ()	POSITION	SUPERVISOR	STARTING DATE	ANNUAL GROSS SALARY \$
NAME OF PREVIOUS EMPLOYER	ADDRESS, NUMBER AND STREET	CITY	STATE	ZIP
BUSINESS PHONE ()	POSITION	SUPERVISOR	STARTING DATE	ENDING DATE
CURRENT PART-TIME OR OTHER EMPLOYMENT - EXPLAIN:				ANNUAL GROSS SALARY \$

JOINT APPLICANT - required only if joint application is being made.

NAME OF JOINT APPLICANT	ADDRESS (if different than Applicant's)	SOCIAL SECURITY NUMBER	BIRTH DATE
NAME OF EMPLOYER	CITY	STATE	ZIP
BUSINESS PHONE ()	POSITION	SUPERVISOR	STARTING DATE
			ANNUAL GROSS SALARY \$

ASSETS & LIABILITIES

CHECKING ACCOUNT - FINANCIAL INSTITUTION	CITY	STATE	ACCOUNT NUMBER	BALANCE	PHONE NUMBER
			#	\$	()
SAVINGS ACCOUNT - FINANCIAL INSTITUTION	CITY	STATE	ACCOUNT NUMBER	BALANCE	PHONE NUMBER
			#	\$	()
OTHER INCOME OR MAJOR ASSETS: (Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Joint Applicant does not choose to have it considered as a basis for repaying this Lease.)					
NAME OF MORTGAGE HOLDER OR LANDLORD	CITY	STATE	MONTHLY PAYMENT	CURRENT BALANCE	MARKET VALUE
			\$	\$	\$
VISA BALANCE	MASTERCARD BALANCE	BALANCE OF OTHER CREDIT CARDS	CAR PAYMENT AND BALANCE	ARE YOU REPLACING THIS CAR <input type="checkbox"/> YES <input type="checkbox"/> NO	
\$	\$	\$	\$		
EDUCATION LOAN PAYMENT AND BALANCE	ALIMONY/CHILD SUPPORT EXPENSE	SECURED LOAN PAYMENT AND BALANCE	UNSECURED LOAN PAYMENT AND BALANCE		
\$	\$	\$	\$		
LIST OTHER PAYMENTS OR OBLIGATIONS:					

GENERAL

NAME OF YOUR AUTO INSURANCE CARRIER	CITY	STATE	AGENCY NAME OR AGENT	PHONE NUMBER ()
ESTIMATED ANNUAL MILEAGE	PRIMARY VEHICLE USE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL	HAVE YOU LEASED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WITH WHOM?	
HAVE YOU OR THE JOINT APPLICANT EVER HAD OR KNOW OF ANY PENDING:			IF YES, GIVE DATES AND DETAILS	
REPOSESSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	GARNISHES <input type="checkbox"/> YES <input type="checkbox"/> NO	COLLECTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAWSUITS <input type="checkbox"/> YES <input type="checkbox"/> NO	BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO	JUDGEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
1. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex, marital status or other prohibited bases. The federal agency which administers compliance with this law concerning this company is the Federal Trade Commission, 1240 East 9th Street, Cleveland, Ohio 44199.			The undersigned states the information given above is true and correct and gives CC Services, Inc. permission to verify this information and make necessary credit checks using a facsimile signature as an original signature.	
			APPLICANT'S SIGNATURE	DATE
			JOINT APPLICANT'S SIGNATURE	DATE

S30-076-00 (00-02/95)

