



# CUSTOMER ORDER FORM

DATE _____	TAKEN BY _____	UNIT _____	RATES _____
DEL. DATE _____	DEL. TIME _____	VERIFIED BY _____	DATE _____

**HOW DID YOU HEAR ABOUT RENT ONE?**

<input type="checkbox"/> RADIO	<input type="checkbox"/> TV	<input type="checkbox"/> DRIVE BY
<input type="checkbox"/> YELLOW PAGES	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> HAND BILLS
<input type="checkbox"/> WALK IN	<input type="checkbox"/> REFERRAL	<input type="checkbox"/> PREVIOUS CUSTOMER
<input type="checkbox"/> OTHER _____		

**CUSTOMER IDENTIFICATION**

<input type="checkbox"/> COPY OF ID'S	<input type="checkbox"/> COPY OF CURRENT BILL
<input type="checkbox"/> COPY OF RENT RECEIPT / LEASE	
DRIVERS LICENSE # _____	
SOCIAL SECURITY # _____	
DATE OF BIRTH _____	

**CUSTOMER INFORMATION**

NAME _____		AGE _____	PHONE NUMBER _____
NAME OF PERSON LIVING WITH YOU _____		AGE _____	RELATIONSHIP _____
ADDRESS _____	APT# _____	CITY _____	STATE _____ ZIP _____
EMAIL ADDRESS _____			
LANDLORD'S NAME _____	ADDRESS _____	PHONE NUMBER _____	
AUTO / YEAR _____	MAKE _____	MODEL _____	COLOR _____ PLATE # _____
JOB TITLE _____	EMPLOYER _____	PHONE NUMBER _____	EXT. _____ SUPERVISOR _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____ HIRE DATE _____
DEPT. _____	HOURS: _____ TO _____	PAY DAY _____	MONTHLY INCOME _____

**EMPLOYMENT / IDENTIFICATION OF PERSON YOU ARE LIVING WITH**

JOB TITLE _____	EMPLOYER _____	PHONE NUMBER _____	EXT. _____	SUPERVISOR _____
ADDRESS _____	CITY _____	STATE _____	ZIP _____	HIRE DATE _____
DEPT _____	HOURS: _____ TO _____	PAY DAY _____	DRIVER'S LICENSE# _____	SOCIAL SECURITY# _____
			DOB _____	

**PERSONAL REFERENCES (RELATIVES & FRIENDS)**

<p>1. NAME _____ ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP _____ PHONE NUMBER _____</p>	<p>3. NAME _____ ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP _____ PHONE NUMBER _____</p>
<p>2. NAME _____ ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP _____ PHONE NUMBER _____</p>	<p>4. NAME _____ ADDRESS _____</p> <p>CITY _____ STATE _____ ZIP _____</p> <p>RELATIONSHIP _____ PHONE NUMBER _____</p>

HAVE YOU EVER RENTED FROM A RENT ONE STORE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU EVER RENTED FROM ANOTHER STORE BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES
IF YES, WHICH STORE? _____	IF YES, WHICH STORE? _____

**RELEASE OF INFORMATION TO RENT ONE**

PLEASE READ THIS STATEMENT BEFORE SIGNING

I promise that the information I have provided on this form is correct. I authorize complete verification of all information I have provided. You may contact any person or company listed above and I fully release all parties from liability for any damage that may result. My (our) signature(s) indicates that for purposes of verification, I (we) have voluntarily waived the protection of all rights to privacy laws. This order may be rejected if any information provided is found to be false.

**By your (whether one or more applicants) signature below, you also agree to allow Rent One employees to contact the references listed above and your employer(s) to verify your information and to assist Rent One in its collection efforts if you fail to renew the rental agreement or return the merchandise to Rent One on time. This waiver is valid until you revoke it by notifying Rent One in writing by certified mail. I have read and understand these statements.**

RENTER 1 _____	DATE _____
RENTER 2 _____	DATE _____

NOTE: ALL APPLICATIONS MUST BE VERIFIED BY STORE MANAGER BEFORE RENTAL-PURCHASE AGREEMENT CAN BE APPROVED.