

# Triad Leasing/Rent-To-Own Center <sup>SM</sup>

2204 Haskell  
Lawrence, KS 66046  
(785) 842-8505  
Fax 749-1401

435 S Main  
Ottawa, KS 66067  
(785) 242-2106  
Fax 242-2124

1123 Commercial  
Emporia, KS 66801  
(316) 343-7560  
Fax 343-7561

|                               |
|-------------------------------|
| Date _____                    |
| Item _____                    |
| Approved by _____             |
| Office use only (rev 7-25-07) |

## Account Information Form

Social Security # (For customer ID / Account # will be last 6 numbers) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: Mr. \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Mrs. \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

Ms. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ Roommate/Spouse \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Employer \_\_\_\_\_ Employer phone (\_\_\_\_\_) \_\_\_\_\_ Length at job \_\_\_\_\_

Occupation \_\_\_\_\_ Employer Contact person \_\_\_\_\_

Roommate/Spouse employment \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**Landlord Information:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Months remaining on current lease \_\_\_\_\_

If you have been at your current address less than **10 months**, list previous landlord name & phone # here:

\_\_\_\_\_ Phone \_\_\_\_\_

Year, Make & Color of car \_\_\_\_\_ License Plate # \_\_\_\_\_

### Permanent Contact (example: Parent or Relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Personal References:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you rented from us or any other rental company? Yes No Which company? \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

**How did you hear of us?** \_\_\_ TV \_\_\_ Phone Book \_\_\_ Drive By \_\_\_ Newspaper \_\_\_ Internet \_\_\_ Referred by \_\_\_\_\_

**I declare that the information listed above is true and correct. I authorize the Rent-To-Own Center, its agents and attorneys, to obtain and investigate information related to me from the persons, companies or others identified above. I also authorize the release of information related to me by persons, companies and others, whether identified above or not, to the Rent-To-Own Center, its agents and attorneys. I hereby consent to and understand that agents working on behalf of Rent-To-Own Center may contact the persons, companies and others identified above in order to obtain information concerning my current or past whereabouts, my current or former banking activity, my current or former employment and my current or former spouse. I understand that if I fail to return rental property when due it may result in the charge of amounts due to my credit or debit card account(s), using electronic processing information provided by me to Rent-To-Own Center. I authorize charges for merchandise not returned by my signature below. All charges for non-returns are final and a receipt will be mailed to the last address provided.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the charge of \$ \_\_\_\_\_ to my \_\_\_\_\_ Card # \_\_\_\_\_ Expiration date \_\_\_\_\_, CVV# \_\_\_\_\_, Billing address \_\_\_\_\_, Zip \_\_\_\_\_, (or as updated in the future) for the periodic rental due, either automatically or upon my telephone order to do so, or for all charges due in the event of damage or failure to return rented property by the due date.

**Cardholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ -