

# Triad Leasing, *your* Rent-To-Own Center SM

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Fax 749-1401

435 S Main  
Ottawa, KS 66067  
(785) 242-2106  
Fax 242-1958

1123 Commercial  
Emporia, KS 66801  
(620) 343-7560  
Fax 343-0957

Approved by \_\_\_\_\_  
Prev Customer \_\_\_\_\_  
Address Match \_\_\_\_\_  
DL COPY \_\_\_\_\_



## Customer Information Form

Item \_\_\_\_\_  
Item \_\_\_\_\_

[www.renttoowncenter.com](http://www.renttoowncenter.com)

Date \_\_\_\_\_  
 Social Security # (For customer ID) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_  
 Name: \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ APT# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Roommate/Spouse Name \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address: PRINT \_\_\_\_\_  
 Year, Make & Color of Car \_\_\_\_\_ License Plate # \_\_\_\_\_  
 Landlord Information: Name \_\_\_\_\_ Landlord Address \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_ Months remaining on current lease \_\_\_\_\_  
 How long have you lived at your current address? \_\_\_\_\_ If less than 10 months, list previous Landlord \_\_\_\_\_  
 Previous Landlord's Phone \_\_\_\_\_ Your Previous Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer phone (\_\_\_\_\_) \_\_\_\_\_ Length at job \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer Contact person \_\_\_\_\_ Pay Stub Provided \_\_\_\_\_  
 Roommate/Spouse employment \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 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  Website  Referred by \_\_\_\_\_

By making this application, whether in writing or electronically, I represent that the information which I have provided is accurate. I authorize Triad Leasing, LLC, its employees, agents, and attorneys, to obtain any and all information related to me from all persons with such information, including, without limitation, my current and past employer, landlord, financial institution and credit reporting agencies. This authorization applies whether the request or the response is written or oral, and whether the information was created by you or obtained by you from a third party. In particular, without limitation, the general authorization, I authorize Triad Leasing, LLC to contact you in order to obtain information concerning my current or past whereabouts, banking activity, employment, and spouse. No further authorization document shall be required.

I understand that if I return damaged rental property or fail to return rental property to Triad Leasing, LLC when due, it may result in the charge of amounts due under my rental agreement to my credit or debit card account(s), using electronic processing information provided by me to Triad Leasing, LLC, and to include lease charges, interest at the amount provided in the agreement, or, if none, 1.5% per month, late charges, and collection costs, including, without limitation, attorney's and collection agency fees, and I hereby authorize same. By providing your cell phone numbers you authorize us to text to those numbers unless noted herein.

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

(ACH) Electronic Check or Debit information for auto charge or pay by phone: Send Receipt by (circle one) TEXT EMAIL Texting Opt-out \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing # (9 digits) \_\_\_\_\_

Rev 01/15

Account Number \_\_\_\_\_ Account Type (circle one) Personal Checking Personal Savings Business Checking