



# RENTAL ORDER

DATE: \_\_\_\_\_

### CUSTOMER INFORMATION

Renters Full Name	Nickname	SS#	DOB	DL#	Exp. Date
Spouse/Roomate's Name	Relationship	SS#	DOB	DL#	Exp. Date

### RESIDENCE INFORMATION

Address	Home Rent Own <input type="checkbox"/>	Apt. # or Lot #	City	State	Zip Code	How Long Yrs. Mo.
---------	--	-----------------	------	-------	----------	----------------------

### Mailing Address (if different)

Address	City	State	Zip Code	Utilities in Whose Name	Move-in Date
Landlord/Mortgage Company	Contact	Phone#	Lease/Mortgage in Whose Name	Length of Lease	Mo. Payment

### Previous Address if at current address less than 1 year

Address	Apt./Lot #	City	State	Zip Code	How Long	Previous Landlord	Phone #
Vehicle Make/Model	Vehicle Color	License Plate#	State	Financed By			

### CONTACT INFORMATION

Renters Home Phone #	Phone in Whose Name	Renters Cell/Pager Number	Spouse/Roomate's Cell/Pager Number	E-mail Address
----------------------	---------------------	---------------------------	------------------------------------	----------------

### SOURCE OF INCOME

Renters Employment/Income Source	Address	City	State	Phone #	Ext./Dept.	Position	Shift
How Long with the Company Yrs. Months	Supervisor	Paid When Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/>	Day of the Week Paid	Take Home \$			

### Spouse/Roommate

Where Employed/Income Source	Address	City	State	Phone #	Ext./Dept.	Position	Shift
How Long with the Company Yrs. Months	Supervisor	Paid When Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/>	Day of the Week Paid	Take Home \$			

### PERSONAL REFERENCES

Parent (or other relative)	Relationship	Phone Number	Address	City/State/Zip Code
Parent (or other relative)	Relationship	Phone Number	Address	City/State/Zip Code
Name	Relationship	Phone Number	Address	City/State/Zip Code
Name	Relationship	Phone Number	Address	City/State/Zip Code
Name	Relationship	Phone Number	Address	City/State/Zip Code

### SURVEY INFORMATION

Rented From Another Co.	What Companies	Year	How did you hear about us? (check only one) If referred, please list name below	Referral <input type="checkbox"/> Mailing <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Door Hanger <input type="checkbox"/> Brochure <input type="checkbox"/> Radio <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> TV <input type="checkbox"/>
-------------------------	----------------	------	--	---

What is the best day, or date, for you to make your rental payment? \_\_\_\_\_

### RELEASE OF INFORMATION TO C.R.T.O.: PLEASE READ BEFORE SIGNING

The information I have provided on this rental order is correct. I authorize CRTO to confirm all of the information I have provided. CRTO may contact any person or company I have listed above and I fully release all parties from all liability for any damage that may result. My (our) signature(s) below indicates that for the purposes of confirmation, I (we) have voluntarily waived the protection of all rights to privacy laws. This form is an application to rent and may be rejected if I (we) fail to qualify or if any of the information provided is found to be false.

I am interested in the following items:

Signature Renter 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature Renter 2 \_\_\_\_\_ Date \_\_\_\_\_

### SHADED AREA-OFFICE USE ONLY

In Store <input type="checkbox"/>	Phone <input type="checkbox"/>	Taken By: _____	Approved By: _____	Delivery Date: _____	Time: _____	AM/PM
Item(s) _____	Stock Number(s) _____					
TERMS: Weeks _____	Payment: Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Per Month <input type="checkbox"/>	Amount \$ _____	Next Due Date: _____	(Does this coincide with renters payday?) Yes/No		