



P.O. Box 40851, San Juan, P.R. 00940-0851
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Personal Leasing Credit Application

A. Personal Data					
Name X		Date of Birth Day: X Month: X Year: X			Home Telephone No.
Postal Address X			How Long?		Cellular No. X
Home Address X					
Social Security X		Driver's License No. X		Expiration	E-mail: X
Residence <input type="checkbox"/> Owned <input type="checkbox"/> Renting		Mortgage Holder (s) or Landlord		Monthly Payment \$	Account No.
Previous Automobile <input type="checkbox"/> Owned <input type="checkbox"/> Renting		Mortgage Holder (s) or Landlord		Monthly Payment \$	Account No.
B. Personal References					
Name		Relationship		Telephone No.	
1 X		X		X	
Address				Email	
Name		Relationship		Telephone No.	
2 X		X		X	
Address				Email	
C. Employment Data					
Employer X		Position X		Salary <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
How Long? Yrs. X	Supervisor X	Physical Address X		Work Telephone No. X	
D. Spouse or Additional Applicant's Information					
Name		Date of Birth Day: Month: Year:			Home Telephone No.
Home Address				How Long?	
Postal Address				Cellular No.	
Social Security		Driver's License No.		Expiration	E-mail:
Employer		Position		Salary <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	
How Long? Yrs.	Supervisor	Physical Address		Work Telephone No.	
E. Bank References					
Institutions	Branch At	Acct. No.	Officer	Telephone No.	
F. Trade References					
Institutions	Address		Contact & Title		Telephone No.
G. Insurance Information					
Insurance Broker			Telephone No.		Cellular No.
X			X		X
Address			E-mail: X		
H. Equipment Location					
Physical Address X					

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Lease Option Co., Inc., to obtain a consumer report which may include information about my character, general reputation, personal characteristics and mode of living.

Remember to enclose:

- 1. Income Tax Return Form
- 2. Letter of Employment or Paycheck Stub
- 3. Bank Statements (3 most recent)

Name of Authorized Signature X		Name of Spouse, Additional Applicant or Guarantor			
Signature X		Date X	Signature		Date