



Rental Order Form

Date: _____

Taken by: _____

CUSTOMER INFORMATION

FULL NAME		NICKNAME (IF ANY)		SOCIAL SECURITY NO.		DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE		EXP.			
SPOUSE/ROOMMATE'S NAME		RELATIONSHIP		SOCIAL SECURITY NO.		DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE		EXP.			
CO-SIGNER		RELATIONSHIP		SOCIAL SECURITY NO.		DATE OF BIRTH		DRIVER'S LICENSE NO.		STATE		EXP.			
OTHER ADULT IN HOUSEHOLD		RELATIONSHIP		IN WHOSE NAME IS UTILITIES		BANK NAME/LOCATION		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN							
ADDRESS				<input type="checkbox"/> APT. <input type="checkbox"/> MOBILE		APT # / LOT #		CITY		STATE		ZIP CODE		HOW LONG	
				<input type="checkbox"/> HOME <input type="checkbox"/> HOME											
LANDLORD/MORTGAGE COMPANY				PHONE NO.		IN WHOSE NAME IS LEASE/MORTGAGE		LENGTH OF LEASE		MO. PAYMENT					
HOME PHONE		IN WHOSE NAME IS TELEPHONE		CELL PHONE		SPOUSE/ROOMMATE'S CELL PHONE		MESSAGE NO./CELL NO.							
MAILING ADDRESS (IF DIFFERENT)				CITY		STATE		ZIP CODE		EMAIL ADDRESS					
PREVIOUS ADDRESS (IF LESS THAN 3YRS. AT ABOVE)				APT # / LOT #		CITY		STATE		ZIP CODE		HOW LONG		PREVIOUS LANDLORD PHONE NO.	
AUTO MAKE & MODEL				YEAR		COLOR		LICENSE PLATE NO.		STATE		<input type="checkbox"/> OWN <input type="checkbox"/> FINANCED			
AUTO FINANCED THROUGH				PHONE NO.		PAYMENT AMOUNT		\$		PAID		<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			
AUTO MAKE & MODEL				YEAR		COLOR		LICENSE PLATE NO.		STATE		<input type="checkbox"/> OWN <input type="checkbox"/> FINANCED			
AUTO FINANCED THROUGH				PHONE NO.		PAYMENT AMOUNT		\$		PAID		<input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY			

SOURCE OF INCOME

EMPLOYER (IF NONE, SOURCE OF INCOME)			JOB TITLE / POSITION			<input type="checkbox"/> FULL PART <input type="checkbox"/> TEMP.		HIRE DATE		SHIFT / BUS. HRS.		
EMPLOYER ADDRESS			INCOME TAKE HM.		DAY PAID		<input type="checkbox"/> Wk <input type="checkbox"/> Bi-wk <input type="checkbox"/> Semi <input type="checkbox"/> Monthly		SUPERVISOR		PHONE NO. - EXT. / DEPT.	
EMPLOYER (IF NONE, SOURCE OF INCOME)			JOB TITLE / POSITION			<input type="checkbox"/> FULL PART <input type="checkbox"/> TEMP.		HIRE DATE		SHIFT / BUS. HRS.		
EMPLOYER ADDRESS			INCOME TAKE HM.		DAY PAID		<input type="checkbox"/> Wk <input type="checkbox"/> Bi-wk <input type="checkbox"/> Semi <input type="checkbox"/> Monthly		SUPERVISOR		PHONE NO. - EXT. / DEPT.	

PERSONAL REFERENCES Must complete ALL Information for the References and They can NOT Live Together

PARENT -- RELATIVE	STREET ADDRESS	CITY/STATE/ZIP	PHONE	RELATIONSHIP
1.				
RELATIVE OR FRIEND				
2.				
RELATIVE OR FRIEND				
3.				
RELATIVE OR FRIEND				
4.				

What is the best Day, Date to make your payment? _____ Have you ever rented from another rental Company? _____ YES _____ NO
 What rental company? _____ What City/State _____ Year _____

Release of Address and Employment Information to U Can Rent:

My (our) signature below this paragraph indicates that I (we) consent to the release of information concerning my (our) address or location to U Can Rent. This release will allow the disclosure to U Can Rent of information regarding me (us) that is currently in the possession of any agency or department of any state government, the United States of America, any reference given, or my (our) present or past landlord(s) or employer(s). I (we) know that there are certain state and federal laws which protect my (our) right to privacy by restricting access to information held by certain third parties. My (our) signatures below indicate that I (we) have knowingly and voluntarily waived the protection of state, federal and common law right to privacy laws for the limited purpose of providing address information to U Can Rent. I agree to allow U Can Rent to contact me for any purpose necessary via voice, voicemail, text, and email, and that U Can Rent may utilize auto-dialer systems and prerecorded calls to contact me on my cell phone or at home or any phone numbers I provide on this form and subsequently provide to U Can Rent. I am applying for rental and am over eighteen (18) years of age.

Renter's Signature _____ Co-Renter's Signature _____

Please Read This Carefully!

I certify that the information supplied by me on this form is accurate to the best of my knowledge. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firm listed above and agree to release all parties from any liability or damage that my result. I understand that any false statement made above may result in U Can Rent deciding not to rent to me at this time. IF YOU DEFAULT ON YOUR RENTAL AGREEMENT WITH U CAN RENT, YOU AGREE TO ALLOW U CAN RENT TO CONTACT YOUR REFERENCES ABOUT YOUR ACCOUNT. I/WE PERMIT U CAN RENT TO CALL ME/US AT MY/OUR JOB AND HOME ABOUT MY/OUR ACCOUNTS.

Renter's Signature _____ Date _____

Co-Renter's Signature _____ Date _____

How did you hear about us? Who do we thank?

Customer Referral (name) _____
 Newspaper TV Direct Mail Former Customer Door Hanger Other

Please check any item(s) you may have an interest in later:

TV Washer/Dryer Stereo Living Room Freezer
 DVD Refrigerator Bedroom Dining Room Video Game
 PC Laptop Tablet

Information collected via:

In Store:

Over Phone:

VERIFICATION

Driver's License/Identification (state issued driver's license or I.D. & military I.D. only – attach copy)

I.D. address matches current residence? Yes No
Copy made of License/I.D.? Yes No

Residence (landlord's verification, copy of lease AND recent utility bill; or deed/contract AND utility bill)

Name of person/position speaking to _____
Does he/she live at provided address? Yes No
Length of lease (ask for start & end dates) _____
Would landlord re-rent to this customer? Yes No
Comments: _____
Phone/Name listed with Directory Assistance? Yes No (who: _____)

Previous Landlord

Did we call previous Landlord? Yes No Who did we speak to: _____
Would they re-rent to this customer? Yes No Comments: _____

Renter's Employment (empl. verification OR official work I.D. badge AND recent pay stub – Attach copy)

Does he/she work there? Yes No
Length of employment (ask for start date) _____
Comments: _____

Spouse/Roommate's Employment

Does he/she work there? Yes No
Length of employment (ask for start date) _____
Comments: _____

References

Be sure to offer all references current promo for being a reference (i.e., free week)

Reference 1

Can verify customer's address? Yes No
Can verify where customer works? Yes No
How often does he/she see customer? _____
If needed, can he/she relay a msg.? Yes No
Reference Email: _____

Reference 2

Can verify customer's address? Yes No
Can verify where customer works? Yes No
How often does he/she see customer? _____
If needed, can he/she relay a msg.? Yes No
Reference Email: _____

Reference 3

Can verify customer's address? Yes No
Can verify where customer works? Yes No
How often does he/she see customer? _____
If needed, can he/she relay a msg.? Yes No
Reference Email: _____

Reference 4

Can verify customer's address? Yes No
Can verify where customer works? Yes No
How often does he/she see customer? _____
If needed, can he/she relay a msg.? Yes No
Reference Email: _____

Did we call previous rental company? Yes No

RAC ___ Aarons ___ Colortyme ___ other _____

Would they re-rent to this customer? Yes No

Comments: _____

Customer Information DataTrue? Yes No

Comments: _____

Verified By: _____

Date: _____

Manager Approval: _____