



Rental Purchase Application

Dealer must fill out the top portion of this application to identify origin of application before processing can begin.

Please Check One:
 Wheels & Tires _____
 Tires _____
 Wheels _____

Dealer Name: _____ Contact Name _____
 Phone # _____ Fax# _____ Amount \$ _____

Wheels/Rims **New or Used** (Please Circle One) **This section may be filled out after the approval process has been completed.**

Rim Brand	Rim Model	Rim Diameter	Rim Width	Bolt Pattern	Off Set	Rim Material
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Tires **New or Used** (Please Circle One)

Tire Brand	Tire Model	Tire Size	Section Width	Aspect Ratio	Tire Diameter
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ALL REQUIRED ITEMS MUST ACCOMPANY APPLICATION:

Drivers License ___ Utility/Phone Bill ___ SS Card ___ Vehicle Registration ___ Paycheck Stub ___

Payment Schedule
 _____ Weekly
 _____ Bi-weekly
 _____ Monthly

CUSTOMER INFORMATION

Renter Name		Social Security #		Driver's License #		Date of Birth		Sex
Physical Address			Apt. #	City		State	Zip	How Long? Yr. Mo.
Mailing Address				City		State	Zip	
Home Phone		Cell Phone No.			E-mail Address			
Own? ___ Rent? ___ If rent, Landlord's Name:		Phone		Address			Rent/Payment \$	

Have you Rented to Own previously? ___Yes ___No If yes, with whom? _____ City, State _____

Are you presently involved in a bankruptcy? ___Yes ___No If yes, Chapter 13 ___ or Chapter 7 ___

CUSTOMER EMPLOYMENT INFORMATION

Customer's Employer	Address		Take Home Pay	Pay Day	Weekly Bi-Weekly Monthly	How Long? Yr. Mo.	
Position	Supervisor		Phone /Place of Employment, HR Depart. (NOT Supervisor's #)				
2 nd Employer (Not Previous Employer)	Address		Phone	Take Home Pay	Pay Day	Weekly Bi-Weekly Monthly	How Long? Yr. Mo.

CO-CUSTOMER INFORMATION

Renter Name		Social Security #		Driver's License #		Date of Birth		Sex
Physical Address			Apt. #	City		State	Zip	How Long? Yr. Mo.
Mailing Address				City		State	Zip	
Home Phone		Cell Phone No.			E-mail Address			
Own? ___ Rent? ___ If rent, Landlord's Name:		Phone		Address			Rent/Payment \$	How Long? Yr. Mo.

CO-CUSTOMER EMPLOYMENT INFORMATION

Customer's Employer	Address	Take Home Pay	Pay Day	Weekly Bi-Weekly Monthly	How Long? Yr. Mo.
Position	Supervisor	Phone /Place of Employment, HR Depart. (NOT Supervisor's #)			
2 nd Employer (Not Previous Employer)	Address	Phone	Take Home Pay	Pay Day	Weekly Bi-Weekly Monthly
					How Long? Yr. Mo.

AUTO INFORMATION

Year	Make	Model	Color	Tag #	VIN #	Purchase Date
Vehicle Owner's Name		Address			Phone	
Automobile Payment		Paid To			Phone	
Is Note Co-Signed?	Yes No	By Whom?			Phone	

CUSTOMER BANKING INFORMATION – MUST BE COMPLETED

Bank Name	Bank Routing No.	Checking Account No.	Savings Account No.
Persons Authorized to Sign on Accounts:			Bank Phone Number

CUSTOMER REFERENCES (Do not use persons who live at the same address as customer.)

Mother/Father	Landline Phone	Cell		
Address	City	State	Zip	

Relative/Friend	Landline Phone	Cell		
Address	City	State	Zip	

Relative/Friend	Landline Phone	Cell		
Address	City	State	Zip	

Relative/Friend	Landline Phone	Cell		
Address	City	State	Zip	

Relative/Friend	Landline Phone	Cell		
Address	City	State	Zip	

RELEASE OF ADDRESS, EMPLOYMENT AND CONSUMER LOAN INFORMATION:

THE UNDERSIGNED BELOW HEREBY CONSENTS TO THE RELEASE OF ANY INFORMATION REQUESTED HEREIN TO CRUZIN CHROME, LLC FOR VERIFICATION AND/OR COLLECTION PURPOSES. IN PARTICULAR, THIS RELEASE SHALL PERMIT THE DISCLOSURE TO CRUZIN CHROME, LLC OF SUCH INFORMATION REGARDING THE UNDERSIGNED 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, EMPLOYER, OR LENDERS. I (WE) UNDERSTAND THAT CERTAIN STATE AND FEDERAL LAWS EXIST WHICH PROTECT MY (OUR) RIGHT OF PRIVACY BY RESTRICTING ACCESS TO STATE AND FEDERAL AGENCY FILES OR FILES HELD BY THIRD PARTIES. BY MY (OUR) SIGNATURE(S) BELOW, I (WE) ALSO AGREE TO ALLOW CRUZIN CHROME, LLC TO CONTACT THE REFERENCES LISTED ABOVE AND MY (OUR) EMPLOYER(S) TO VERIFY MY (OUR) INFORMATION AND TO ASSIST CRUZIN CHROME, LLC IN ITS COLLECTION EFFORTS IF I (WE) FAIL TO RENEW THE RENTAL AGREEMENT AND/OR FAIL TO RETURN THE MERCHANDISE TO CRUZIN CHROME, LLC ON TIME. THIS WAIVER IS VALID UNTIL I (WE) REVOKE IT BY NOTIFYING CRUZIN CHROME, LLC. THERE IS A 10% RESTOCKING FEE FOR ANY RETURNED MERCHANDISE.

Customer's Signature _____

Date: _____

Co-Customer's Signature _____

Date: _____