

# Credit Application Atlanta Auto Leasing

Return by fax: 800-747-0024

Name:		Date Birth:		SSN:	
Current Address:				Phone:	
City:		State:		ZIP:	
Own Rent (Please circle)		Monthly payment or rent:		How long?	
Previous Address:					
City:		State:		ZIP:	
Owned Rented (Please circle)		Monthly payment or rent:		How long?	

### Employment Information

Current Employer:				How long?	
Employer Address:				Phone:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Previous Employer:					
Address:				How long?	
Phone:		E-mail:		Fax:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Name and relationship of a relative not residing with you:					
Address:					
City:		State:		ZIP: Phone:	

### Co-Applicant Information, if for a joint account

Name:		Date Birth:		SSN:	
Current Address:				Phone:	
City:		State:		ZIP:	
Own Rent (Please circle)		Monthly payment or rent:		How long?	
Previous Address:					
City:		State:		ZIP:	
Owned Rented (Please circle)		Monthly payment or rent:		How long?	
<b>Employment Information</b>					
Current Employer:				How long?	
Employer Address:				Phone:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Previous Employer:					
Address:					
Phone:		E-mail:		Fax:	
Position:		Hourly Salary (Please circle)		Annual Income:	
Name and relationship of a relative not residing with you:					
Address:					
City:		State:		ZIP: Phone:	

### Credit Cards

Name	Account No.	Current Balance	Monthly Payment

### Mortgage Company

Account No.:	Address:
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### Auto Loans

Auto Loans	Account No.	Balance	Monthly Payment

### Other Loans, Debts, or Obligations

Description	Account No.	Amount

### Other Assets or Sources of Income

	Monthly Value: \$
	Monthly Value: \$

I authorize Atlanta Auto Leasing to verify information provided on this form regarding credit and employment history.

Signature of Applicant	Date
Signature of Co-Applicant, if for joint account	Date