

CUSTOMER ORDER FORM



DATE _____
 STORE _____
 REFERRED BY _____

PLEASE PRINT. SHADED AREAS FOR OFFICE USE ONLY.

RENTERS INFORMATION

G F P

NAME		BIRTH DATE	SEX	SOCIAL SECURITY #	DRIVER'S LICENSE #
ADDRESS		APT/FLOOR	CITY/STATE/ZIP		HOW LONG
PREVIOUS ADDRESS (If Less Than 3 Months At Above)			HOME PHONE #	WORK PHONE #	
RESIDENCE IS: 1. OWNED <input type="checkbox"/> 2. RENTED <input type="checkbox"/>		LIVING WITH (Check All That Apply): 1. SPOUSE <input type="checkbox"/> 2. CHILDREN <input type="checkbox"/> 3. PARENTS <input type="checkbox"/>			
1. HOUSE <input type="checkbox"/> 2. APARTMENT <input type="checkbox"/> 3. OTHER <input type="checkbox"/>		4. OTHER RELATIVES <input type="checkbox"/> 5. FRIEND <input type="checkbox"/> 6. ALONE <input type="checkbox"/> 7. OTHER <input type="checkbox"/>			
CURRENT LANDLORD		ADDRESS		PHONE #	
AUTO - YEAR	MAKE	MODEL	COLOR	LICENSF PLATE: NO:	STATE:
AUTO FINANCED THROUGH		UTILITIES IN WHOSE NAME			
JOB TITLE		EMPLOYER		ADDRESS	
HIRE DATE	SHIFT	PLANT	DEPT.	SUPERVISOR	PHONE # EXT. #
WORKING: 1. FULL TIME <input type="checkbox"/>	TAKE HOME PAY	PAID: 1. ONCE A WEEK <input type="checkbox"/>	DAY OF WEEK PAID	ADDITIONAL INCOME	SOURCE
2. PART TIME <input type="checkbox"/>		2. EVERY TWO WEEKS <input type="checkbox"/>		\$	
3. NOT WORKING <input type="checkbox"/>	\$	3. ONCE A MONTH <input type="checkbox"/>		\$	

HOUSEHOLD INFORMATION

NAME OF OTHER ADULT IN HOUSEHOLD		RELATIONSHIP	SOCIAL SECURITY #		
JOB TITLE		EMPLOYER		ADDRESS	
HIRE DATE	SHIFT	PLANT	DEPT.	SUPERVISOR	PHONE # EXT. #

RENTERS PERSONAL REFERENCE INFORMATION

NAME (At Least 2 Relatives)	ADDRESS	CITY/STATE/ZIP	PHONE #	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				

MARKETING INFORMATION

FIRST HEARD ABOUT DAN'S RENT TO OWN: 1. TV Ad, 2. Radio Ad, 3. Brochure, 4. Newspaper Ad, 5. Yellow Pgs., 6. Billboard, 7. Magazine Ad, 8. Other Person, 9. Passing By, 10. Other: _____	HAVE YOU RENTED FROM DAN'S RENT TO OWN? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>
CAME IN TODAY BECAUSE OF: 1. TV Ad, 2. Radio Ad, 3. Brochure, 4. Newspaper Ad, 5. Yellow Pgs., 6. Billboard, 7. Magazine Ad, 8. Other Person, 9. Making Payment, 11. Other: _____	HAVE YOU RENTED FROM ANY OTHER COMPANIES? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>
MILES TO STORE: 1. Less Than 1 2. 1 to 2 3. 3 to 4 4. 5 to 6 5. Over 6	WHICH ONES? _____
	EDUCATIONAL LEVEL: 1. Less Than High School 2. High School Graduate 3. Some College/Trade School 4. College Graduate
	RACIAL BACKGROUND (Optional): 1. Asian 2. Black 3. Hispanic 4. White 5. Other

READ STATEMENT BEFORE SIGNING:

I CERTIFY THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE AND CORRECT. I AUTHORIZE VERIFICATION OF THE TRUTHFULNESS OF ALL INFORMATION CONTAINED HEREIN, INCLUDING CONTACT WITH ANY PERSON OR FIRM LISTED ABOVE, AND FULLY RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT. ANY FALSE STATEMENT MADE ABOVE SHALL BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE: _____

DATE: _____

IF THIS ORDER IS REJECTED, I MAY REQUEST THE REASON(S) FOR SAME BY SENDING A SELF-ADDRESSED STAMPED ENVELOPE REQUESTING THE REASON(S) TO THE STORE MANAGER.

OFFICE USE ONLY

ORDER TAKEN BY	TIME TAKEN	VERIFIED BY	ACCEPT <input type="checkbox"/>	HOME DELIVERY <input type="checkbox"/>
			REJECT <input type="checkbox"/>	STORE DELIVERY <input type="checkbox"/>
DELIVERY DATE	DELIVERY TIME	AMOUNT COD	WEEKLY	MONTHLY
		\$	\$	\$
PRODUCT:	1	2	3	
MODEL#:				
SERIAL#:				
PRODUCT:	4	5	6	
MODEL#:				
SERIAL#:				