

ANTHRACITE LEASING OF SOUTH FLORIDA, INC.

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Buyer Information:

LEASE CREDIT APPLICATION

Individual Credit

Joint Credit/Relationship

First Name:

M.I.

Last Name:

Social Security No:

Date of Birth:

Drivers License Number / State:

Street Address:

Apt:

City:

State:

County:

Zip Code:

How Long/Yrs: Own: Rent: Mortgage/Rent Amt: Home Phone:

Cell Phone:

Email:

Employed By:

Occupation:

Work Phone:

Gross Annual Income:

Work Address:

Time Employed/Yrs:

Name of Nearest Relative (not living with you)

Address:

Relationship:

Phone:

Name of Personal Friend:

Address:

Phone:

Co-Buyer Information:

First Name:

M.I.

Last Name:

Social Security No:

Date of Birth:

Drivers License Number / State:

Street Address:

Apt:

City:

State:

County:

Zip Code:

How Long/Yrs: Own: Rent: Mortgage/Rent Amt: Home Phone:

Cell Phone:

Email:

Employed By:

Occupation:

Work Phone:

Gross Annual Income:

Work Address:

Time Employed/Yrs:

Name of Nearest Relative (not living with you)

Address:

Relationship:

Phone:

Name of Personal Friend:

Address:

Phone:

I/We certify that the information provided on this application is in the best of my/our knowledge, complete and accurate. I/We understand that the dealer and financial institution(s) will rely on this information to judge my/our credit worthiness, and will retain this application and information about me/us whether or not this application is approved. Further, I/we authorize an investigation of my/our Credit and employment history. I/We authorize the lender to release information about its experience with me/us. I/We understand that false statements may subject me/us to criminal penalties. FAIR CREDIT REPORTING ACT DISCLOSURE: This application for credit may be submitted by the Dealer to various financial institutions. Before this application is submitted, the Dealer will disclose to me the name and address of the institution(s) who will receive copies of this application.

Buyer/Applicant's Signature:

Co-Buyer/Applicant's Signature:

Date

Date