## **KenMark Leasing Application Form**

## ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

Name:		D.O.E	3. (MM-DD-YYYY):	
Business Name::			Years in Busines	ss:
SS # or Tax ID #.:		DL #.:_		
Pho	tocopy Required		Photocopy Require	ed
Type of business				The state of the
Business phone:		_ ext(2)	Fax:	(2)
Cell phone:	(2)	SMS Text Messagi	ing? (Check One): Yes	No (1)
Website: <u>WWW.</u>				(1)
E-mail:		(1) E-Mail Mes	ssaging? (Check One): Yes	_ No (1)
Physical Address:				
Mailing Address:				12. 1
City, State, Zip:				
In Business since (MM-YYYY):		(1+yrs=2)	Own/Lease:	(4)/(2)
Mortgage Company:		1454 Table 9-4-1	Phone:	Y 1 1 1 1 1
(If Leased, the Landlord's L	ien Waiver must be siç	gned by landlord and r	returned with Lease-Purchase Agree	ement.)
Name of Landlord:			Phone:	TO SHAPE
		References (3 requir	ed):	
Reference #1:		A STATE OF THE STA	Phone:	
Reference #2:			Phone:	
Reference #3:			Phone:	
AND THE RESERVE	Ban	king References:	A CENTRAL POR	
Banking Reference:			(2) Phone:	
Banking Reference:			(2) Phone:	
Enroll in Auto Pay? Yes (6) N	lo (If yes, incl	ude form.) Include	the Protection+? Yes (4)	No
BY SIGNING BELOW, I (WE) CERTIFY	THE INFORMATION S	UPPLIED BY ME ON T	HIS FORM IS TRUE AND CORRECT	, AND HEREBY
AUTHORIZE THE RELEASE OF ANY IN	·		•	-
EXISTING OR PRIOR LEASES. I (WE) ACCOUNT. ANY FALSE STATEMENT (UNDERSTAND THIS STATEMENT.				
Signed:			Date:	
Print:		Position:	Total po	ints:

Phone / Fax: (877) 880-8963