

City Leasing, LLC

City Leasing, LLC
P.O. Box 1001
Arlington, TN 38002

Information Sheet

ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

Name _____ Co-Name _____

SS# _____ SS# _____

DL# _____ DL# _____

Home phone- _____ Home phone- _____

Cell Phone- _____ Cell Phone- _____

Physical Address- _____ Mailing Address- _____

City, State, Zip- _____ City, State, Zip- _____

Years at this address- _____ Own or rent- _____

if yes on rent, Landlord's Lien Waiver must be signed by landlord and returned before delivery

Name of Landlord- _____

Mortgage Company- _____

Have you ever filed bankruptcy? If so, when- (20% min.down) _____ Are you in BK now? (min 30% down)

References- (not living in same household, 3 required)

Name- _____ Relationship- _____ Phone- _____

Name- _____ Relationship- _____ Phone- _____

Name- _____ Relationship- _____ Phone- _____

E-Mail Address- _____

Employer- _____

Work Phone _____

Type of business- _____

Co-Name Employer- _____

Work Phone- _____

Name of Bank (checking)- _____

Name of Bank (savings)- _____

Length- _____

Supervisor- _____

Length- _____

Length- _____

Supervisor- _____

Phone- _____

You can enroll in Autopay. After you receive your coupon booklet you can call and request Autopay information

BY AFFIXING MY (OUR) SIGNATURES BELOW, I (WE) CERTIFY ALL OF THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE AND CORRECT, AND HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION, DEEMED NECESSARY BY LESSOR, RELATING TO EMPLOYMENT, INCOME, AND EXISTING OR PRIOR LEASES INCLUDING PROPERTY/LANDLORDS. ANY FALSE STATEMENT CAN BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I (WE) HAVE READ AND UNDERSTAND THIS.

Signed- _____ Date- _____

Signed- _____ Date- _____

CITY LEASING, LLC

PO BOX 1001 * ARLINGTON, TN 38002 * 901-969-3459

LANDLORD'S LIEN WAIVER

Date: _____

Landlord: _____

Landlord's Mailing Address: (Street/Route) _____

(City) _____, (County) _____

(State) _____, (Zip Code) _____, (Phone) _____

Tenant: _____

Tenant's Mailing Address: : (Street/Route) _____

(City) _____, (County) _____

(State) _____, (Zip Code) _____, (Phone) _____

City Leasing, LLC's Mailing Address: PO BOX 1001, Arlington, TN 38002

Premises: (Street/Route) _____

(City) _____, (County) _____

(State) _____, (Zip Code) _____, (Phone) _____

Tenant occupies the Premises under a lease from Landlord and maintains the Premises personal property that CITY LEASING, LLC has a security interest in, or lien on, or that CITY LEASING, LCC, owns, including but not limited to that (one) 1 certain portable building described as follows: Type: _____, Size: _____, Serial/Model #: _____. This specifically further Includes any and all personal property placed by Tenant in such portable building.

For valuable consideration, landlord waives all rights to maintain or enforce a statutory or contractual landlord's lien, security interest, or any other claim against such personal property. This waiver binds Landlord's heirs and successors and inures to the benefit of CITY LEASING, LLC., its successors and/or assigns.

Landlord's signature

Tenant's signature