



LEASE ORDER FORM

Order by Phone: It's as Easy As 1, 2, 3

1. Call Aaron's 2. Place your order with Aaron's

3. In most cases, Aaron's will deliver in the same day.

CUSTOMER INFORMATION

Full Name		Nickname	Date of Birth	Social Security No.		Driver's License No.		State
Address <input type="checkbox"/> Apt <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home				City		State	Zip Code	How Long
Home Phone #		In Whose Name Are The Telephone / Utilities		Whose Name on Lease (If Rented)		Mobile Phone #		
<input type="checkbox"/> Landlord <input type="checkbox"/> Mortgage Company	Name	Address			Phone Number		Monthly Payment \$ _____	
DATE	INITIALS	Person Speaking	Move in Date	Name on Lease	Length of Lease		Current Status	
Previous Address (If Less Than 3 Years At Above)			How Long	Address on License (If Different Than Current)		Email Address		
Auto Make & Model			Year	Color	License Plate No.		State Registered	
Auto Financed Through				Payment Amount \$ _____		Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
Bank Name / Location			I Have A Checking Account: <input type="checkbox"/> Yes <input type="checkbox"/> No		I Have A Savings Account: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse's / Roommate's Name			Date of Birth	Spouse's or Roommate's Social Security No.		Driver's License No.		State
Other Adult In Household			Relationship			Message # / Mobile		

SOURCE OF INCOME

Employer (If None, Source of Income)		Job Title / Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp		Hire Date		Shift / Business Hours		
Employer Address		Income \$ _____	Paid <input type="checkbox"/> Wk <input type="checkbox"/> Ev. 2 Wks <input type="checkbox"/> Mo		Supervisor		Phone No. Ext. / Dept.	
DATE	INITIALS	Person Speaking	Date of Hire	Position	Department		Message(Yes/No)	
Employer of Spouse / Roommate		Occupation of Spouse / Roommate		Hire Date		Shift / Business Hours		
Employer Address		Income \$ _____	Paid <input type="checkbox"/> Wk <input type="checkbox"/> Ev. 2 Wks <input type="checkbox"/> Mo		Supervisor		Phone No. Ext. / Dept.	
DATE	INITIALS	Person Speaking	Date of Hire	Position	Department		Message(Yes/No)	

I WILL MAIL BRING IN MY PAYMENT ON OR BEFORE THE 1ST 15TH

PERSONAL REFERENCES

Parent / Relative		Street Address		City / State / Zip		Phone		Relationship
DATE	INITIALS	Address		Employment	Home Phone		Frequency of Contact	Message
Relative		Street Address		City / State / Zip		Phone		Relationship
DATE	INITIALS	Address		Employment	Home Phone		Frequency of Contact	Message
Relative		Street Address		City / State / Zip		Phone		Relationship
DATE	INITIALS	Address		Employment	Home Phone		Frequency of Contact	Message
Reference		Street Address		City / State / Zip		Phone		Relationship
DATE	INITIALS	Address		Employment	Home Phone		Frequency of Contact	Message

- How do you normally pay for a transaction like this? Cash / Check Credit Card Finance Other
- Have you ever rented from a rental company? Yes No What rental company? _____

YES, I WOULD LIKE TO RECEIVE AARON'S EXCLUSIVE PROMOTIONAL OFFERS AND INFORMATION ABOUT PRODUCTS AND SERVICES
 Initials VIA TELEPHONE, INCLUDING PRE-RECORDED MESSAGES, AT MY ABOVE NUMBER(S).

RELEASE OF INFORMATION TO AARON'S: (PLEASE READ BEFORE SIGNING)

The information I have provided on this form is correct. I authorize confirmation of all information that I have provided. For any agreement that I enter into with Aaron's, I consent to Aaron's contacting any person or company that I have listed above for references or assistance in locating or contacting me, and I fully release all parties from all liability for any damage that may result. My (our) signature(s) below indicates that for purpose of confirmation, I (we) have voluntarily waived the protection of all rights to privacy laws. This order may be rejected if any information provided above is found to be false. By providing my telephone number(s), including any cellular number(s), I consent to receiving calls (both live and automated) from Aaron's regarding my agreement(s).

I AM APPLYING FOR A LEASE AND AM OVER EIGHTEEN (18) YEARS OF AGE.

SIGNATURE	DATE
SIGNATURE	DATE

Order Taken By: _____	Time _____
Processed By: _____	Time _____
PHONE SALE <input type="checkbox"/>	IN STORE <input type="checkbox"/>
Approved By: _____	(GM)
Comments: _____	

- How did you hear about us? Customer Referral (NAME) _____
- Newspaper
 - Former Customer
 - Radio
 - Sales Flyer
 - Door Hanger
 - TV
 - Handbill
 - Aarons.com
 - Friend
 - Drive By
 - Direct Mail
 - Internet
 - Sporting Event
 - Other _____

Please check any items you might have an interest in later:

- Big Screen TV/ LCD
- TV
- Computer
- DVD
- Range
- Home Theater
- Dining Room
- Bedroom
- Living Room
- Other _____
- Refrigerator
- Freezer
- Washer / Dryer
- Lawn Mower