

# Consumer Rental Application



1600 District Avenue, Suite 200 • Burlington, MA 01803  
Phone: 877•868•3800 Fax: 781•994•4775  
www.TimePaymentCorp.com

DEALER NAME (Equipment Supplier)	DEALER CODE

DEALER REFERENCE #

\* = **denotes required fields**

## INITIAL FUNDING INFORMATION

\* EQUIPMENT TYPE:

\_\_\_\_\_

\_\_\_\_\_

\* FILL IN ONE OF THE FOLLOWING FIELDS:

Base Monthly Paymt: \$ \_\_\_\_\_ for \_\_\_\_\_ Months (Term)

OR Total Funded Amount: \$ \_\_\_\_\_

## GUARANTOR INFORMATION 1 (Equipment User)

\* APPLICANT NAME \_\_\_\_\_

\* STREET ADDRESS \_\_\_\_\_

\* SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

\* HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OWNS RESIDENCE:  YES  NO

TITLE \_\_\_\_\_

YEARS AT RESIDENCE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PERCENT OWNER: \_\_\_\_\_%

## GUARANTOR INFORMATION 2 (if applicable)

APPLICANT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OWNS RESIDENCE:  YES  NO

TITLE \_\_\_\_\_

YEARS AT RESIDENCE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PERCENT OWNER: \_\_\_\_\_%

## DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: \_\_\_\_\_

SALESPERSON: \_\_\_\_\_

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. and it's authorized Affiliates are authorized to check my credit for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and it's Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

\*APPLICANT (Guarantor #1)

APPLICANT (Guarantor #2, if applicable)

Authorized Signature \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_