

# Consumer Rental Application



200 Summit Drive, Suite 100, Burlington, MA 01803

PHONE: 877•868•3800 FAX: 781•994•4775

WWW.TIMEPAYMENT.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 Payment: \$ \_\_\_\_\_ for \_\_\_\_\_ Months (Term)  
**OR** Total Funded Amount: \$ \_\_\_\_\_

## GUARANTOR INFORMATION 1 (Equipment User)

\* APPLICANT NAME \_\_\_\_\_  
\* SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
TITLE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
OWNS RESIDENCE:  YES  NO  
YEARS AT RESIDENCE: \_\_\_\_\_ PERCENT OWNER: \_\_\_\_\_ %

## GUARANTOR INFORMATION 2 (If applicable)

APPLICANT NAME \_\_\_\_\_  
SS # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
EMAIL \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
TITLE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
OWNS RESIDENCE:  YES  NO  
YEARS AT RESIDENCE: \_\_\_\_\_ PERCENT OWNER: \_\_\_\_\_ %

## DEALER INFORMATION (Equipment Provider)

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

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

By signing below, I represent I am applying for this Agreement for this Equipment. I understand this Agreement for this Equipment shall not include fixtures. I further certify the information provided in this application is true and accurate in all respects. I agree TimePayment Corp., its authorized affiliates, assigns and agents may retain this application whether or not the Agreement is approved. I expressly consent and authorize TimePayment Corp., and its affiliates, assigns, and agents to share and use all information to contact me using any means of communication, including but not limited to, calls placed to my home, or cellular telephone using an automatic dialer device, calls using prerecorded messages and/or SMS text messages, and emails regarding promotions, product offerings, and other marketing materials about TimePayment Corp. and our affiliates or assigns. I expressly consent and authorize TimePayment Corp., and its affiliates and assigns to check my credit and employment history for the purposes of determining my credit worthiness at the time of application, and thereafter in connection with the same transaction or extension of credit, or for other promotional opportunities and for the further purpose of reviewing the account, taking collection activity on the account and skip tracing. TimePayment Corp., and its authorized affiliates and assigns are authorized to provide account history information to others about my credit standing and 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 _____