

RETURN HIX
262-560-0208

LESSEE STATEMENT

(SEPARATE STATEMENT FOR EACH SIGNER OF THE LEASE)

CHECK
APPROPRIATE
BOX

- ☐ INDIVIDUAL CREDIT — APPLYING FOR CREDIT IN YOUR OWN NAME AND RELYING ON YOUR OWN INCOME OR ASSETS AND NOT THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.
- ☐ JOINT CREDIT — APPLYING FOR JOINT CREDIT WITH ANOTHER PERSON.
- ☐ INDIVIDUAL CREDIT — APPLYING FOR CREDIT IN YOUR OWN NAME BUT RELYING ON INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE OR ON THE INCOME OR ASSETS OF ANOTHER PERSON AS THE BASIS FOR REPAYMENT OF THE CREDIT REQUESTED.

CORPORATE LESSEE
COMPLETE THIS SECTION

PRINT FULL BUSINESS NAME:		TYPE OF BUSINESS		YEAR STARTED	BUS. PHONE
BUSINESS ADDRESS:		NO. & STREET	CITY	COUNTY	STATE ZIP CODE
BUSINESS CHECKING ACCT.:	BANK NAME	ADDRESS	CHECKING ACCT. #	PERSON TO CONTACT	
PREVIOUS BANK IF ABOVE LESS THAN 2 YEARS:	ADDRESS		CHECKING ACCT. #	PERSON TO CONTACT	
COMPANY FROM WHICH LAST CAR LEASED OR FINANCED <input type="checkbox"/>		ADDRESS		MONTHLY CHARGE \$ <input type="checkbox"/> ACTV. ACCT. <input type="checkbox"/> CLOSED ACCT.	
MAJOR TRADE REFERENCES:		ADDRESS	TEL. #	YRS. EXPERIENCE	
1.					
2.					
PRINCIPAL OPERATOR:		NAME	HOME ADDRESS	POSITION	YRS. ASSOCIATED

INDIVIDUAL LESSEE
COMPLETE THIS SECTION

FULL NAME:		FIRST	MIDDLE	LAST	SOC. SEC. #	DATE OF BIRTH	HOME PHONE
HOME ADDRESS:		NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	APT. # HOW LONG? YRS.
OWN <input type="checkbox"/> OR RENT <input type="checkbox"/>		NAME & ADDRESS OF MORTGAGE HOLDER OR LANDLORD					
		MKT. VALUE IF OWNED: \$		MO. PAYMENT OR RENT: \$		MTG. AMT.: \$	
PREVIOUS HOME ADDRESS IF LESS THAN 2 YEARS AT CURRENT ADDRESS:		NO. & STREET	CITY	COUNTY	STATE	HOW LONG? YRS.	
EMPLOYED BY:		ADDRESS		CITY	STATE	BUS. PHONE	
POSITION IN COMPANY:		YRS. ASSOCIATED:		INCOME PER MO.: \$			
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR THIS LEASE OBLIGATION.							
PREVIOUS BUS. IF ABOVE LESS THAN 2 YEARS:		NAME		ADDRESS		POSITION HELD	
PERSONAL CKG. ACCT.:		NAME OF BANK		ADDRESS		CHECKING ACCT. #	
OTHER BANK RELATIONSHIPS:		NAME OF BANK		DESCRIBE RELATIONSHIP		ACTIVE/CLOSED - DATES	
COMPANY FROM WHICH LAST CAR LEASED OR FINANCED <input type="checkbox"/>		ADDRESS		MONTHLY CHARGE \$		<input type="checkbox"/> ACTV. ACCT. <input type="checkbox"/> CLOSED ACCT.	
INSTALMENT OBLIGATIONS: (OPEN OR MOST RECENTLY PAID OFF)		ADDRESS	AMT. FINANCED	MO. PYMT.	BALANCE DUE OR DATE PAID		
1.							
2.							
BUSINESS & PERSONAL CREDIT CARDS:		<input type="checkbox"/> AMERICAN EXPRESS	CARD #	BALANCE DUE	<input type="checkbox"/> MASTER CHARGE	CARD #	BALANCE DUE
		<input type="checkbox"/> BANK AMERICARD			<input type="checkbox"/> OTHER		
NAME & ADDRESS OF PERSONAL REFERENCES (PERSONS NOT LIVING WITH YOU):							
RELATIVE				RELATIONSHIP:			
PERSONAL				YEARS KNOWN:			

FAIR CREDIT REPORTING ACT DISCLOSURE
THIS APPLICATION FOR CREDIT WILL BE SUBMITTED TO GMAC AT _____ FOR CONSIDERATION AS TO WHETHER IT MEETS CREDIT REQUIREMENTS.

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE. YOU ARE AUTHORIZED TO INVESTIGATE MY CREDIT AND EMPLOYMENT HISTORY AND TO RELEASE INFORMATION ABOUT YOUR CREDIT EXPERIENCE WITH ME.

LESSEE _____
BY _____ TITLE _____

☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION

(CHECK WHICH APPLIES)
DATE 19