



INFORMATION SHEET

ALL INFORMATION MUST BE COMPLETE AND LEGIBLE

Name: _____

Co-Name: _____

D.O.B. (MM-DD-YYYY): _____

Co-Name D.O.B.: _____

SS No.: _____

Co-Name SS No.: _____

DL No.: _____
Photocopy Required

Co-Name DL No.: _____
Photocopy Required

Home phone: _____
Landline Only

Co-Name Cell: _____

Cell phone: _____

SMS Text Messaging? Yes No

SMS Text Messaging? Yes No

E-mail: _____

Co-Name E-mail: _____

Employer: _____
Business name if self-employed

Co-Name Employer: _____
Business name if self-employed

Work phone: _____

Co-Name Work phone: _____

Physical Address of Structure: _____

Customer's Mailing Address: _____

City, County, State, Zip: _____

City, County, State, Zip: _____

Property: (circle one) Rent Own

(If property is rented, the Landlord Lien Waiver must be signed by landlord and returned with rental purchase agreement.)

Name of Landlord: _____

Landlord Phone: _____

Alternate Contact - In the event we cannot reach you, please provide an alternate contact outside of the home.

Name: _____ Relationship: _____ Phone: _____

Enroll in AutoPay? Yes No *(If yes, include form.)*

Include Protection +? Yes No

BY SIGNING BELOW, I CERTIFY THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE AND CORRECT, AND HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION, DEEMED NECESSARY BY BLI, RELATING TO EMPLOYMENT, INCOME, AND EXISTING OR PRIOR LEASES. I AUTHORIZE BLI TO USE MY PHONE NUMBERS/E-MAILS LISTED WHEN MAKING CONTACT ABOUT MY ACCOUNT. I CERTIFY THAT I AM THE OWNER AND AUTHORIZED USER OF THE GIVEN PHONE NUMBERS/E-MAILS. I AGREE THAT MY TELEPHONE COMMUNICATIONS WITH BLI MAY BE RECORDED FOR QUALITY ASSURANCE. ANY FALSE STATEMENT CAN BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signed: _____

Date: _____

Signed: _____

Date: _____