

Best Buy Auto Leasing LLC



P: 718-701-8603

F: 347-462-2473

E: sales@bestbuyleasing.com

Last Name: _____ First Name: _____ M.I. _____ Social Security: _____ - _____ - _____	
Date of Birth: ____/____/____ Home Phone: _____ E-Mail: _____	
Present Address: _____ City: _____ State: _____ Zip: _____ How Long? _____ Yrs. _____ Mos.	
<small>(if present is less than 3 years)</small>	
Previous Address: _____ City: _____ State: _____ Zip: _____ How Long? _____ Yrs. _____ Mos.	
Current Employer: _____ Employer Phone: _____ Position: _____ Years? _____	
Business Address: _____ City: _____ State: _____ Zip: _____ Gross Annual: \$ _____	
<small>(if current is less than 3 years)</small>	
Previous Employer: _____ Employer Phone: _____ Occupation: _____ Years? _____	
Other Annual Income: \$ _____ Source of Annual Income: _____ Self Employed? _____	
Residence: <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear Monthly Payment: \$ _____	
Have You Ever Declared Bankruptcy? (If yes, what year?) _____	

JOINT APPLICANT and/or CO-SIGNER INFORMATION Relationship to Buyer: _____

Last Name: _____ First Name: _____ M.I. _____ Social Security: _____ - _____ - _____	
Date of Birth: ____/____/____ Home Phone: _____ E-Mail: _____	
Present Address: _____ City: _____ State: _____ Zip: _____ How Long? _____ Yrs. _____ Mos.	
<small>(if present is less than 3 years)</small>	
Previous Address: _____ City: _____ State: _____ Zip: _____ How Long? _____ Yrs. _____ Mos.	
Current Employer: _____ Employer Phone: _____ Position: _____ Years? _____	
Business Address: _____ City: _____ State: _____ Zip: _____ Gross Annual: \$ _____	
<small>(if current is less than 3 years)</small>	
Previous Employer: _____ Employer Phone: _____ Occupation: _____ Years? _____	
Other Annual Income: \$ _____ Source of Annual Income: _____ Self Employed? _____	
Residence: <input type="checkbox"/> Mortgage <input type="checkbox"/> With Relatives <input type="checkbox"/> Renting <input type="checkbox"/> Own Free & Clear Monthly Payment: \$ _____	
Have You Ever Declared Bankruptcy? (If yes, what year?) _____	

I (we) certify that the above information is complete and accurate. I (we) authorize an investigation of my (our) credit and employment history, and the release of any related information. I (we) authorize you to exchange credit information with others in connection with this application. I (we) have no outstanding obligations except as shown in this application, and no undisclosed lawsuits or judgments are entered against me (us).

Insurance Provider: _____
Insurance Agent Name: _____
Insurance Policy # _____
Insurance Phone # _____

Applicants Signature

Date

MUST SEND APPLICATION BACK WITH

DRIVER LICENSE

Co-Applicants Signature

Date