

Automatic

LEASING  SERVICE

Washer & Dryer Rental Application

PROPERTY NAME: _____ APT LOCATION/FLOOR: _____

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BEST PHONE: _____ Mobile Home

ALTERNATE PHONE: _____ Mobile Home Work

EMAIL ADDRESS: _____

EMPLOYER: _____

JOB TITLE: _____

LENGTH OF EMPLOYMENT: _____ Years _____ Months

DRIVERS LICENSE NO. AND STATE: _____

REQUESTED DELIVERY DATE: _____ REQUESTED LEASE TERM (1-12 Months): _____

Please submit completed application with proof of employment via email to service@automaticleasing.com or fax to 804-353-5821.

Proof of employment can be three most recent consecutive paycheck stubs, a letter from your HR department that includes your salary and hire date, or an offer letter from your employer (only if employment began within last 3 months), with application.

Our team will contact you with questions or to schedule delivery once your application is approved. Thank you for choosing Automatic Leasing, we look forward to serving you!

OFFICE USE ONLY

Approved Declined Condition / Reason: _____

Set type: _____ Lease term: _____

Initial payment amount: \$ _____ Monthly rental amount: \$ _____ Auto pay date: _____

Special Instructions for delivery: _____

_____ Staff Initials: _____