

**PLEASE NOTE:
APPLICATION MUST BE
COMPLETED BEFORE
DELIVERY**

Page Street Leasing, LLC
PO Box 129
Candia, New Hampshire 03034
Tel: (603) 622-1673 Fax: (603) 483-1673
RENTAL APPLICATION
CRS

FOR OFFICE USE ONLY:
Received _____
Reviewed By _____

This application concerns the rental of equipment to the party named below:

Name of Lessee _____ Date of Birth _____ Driver's Lic # _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone _____ E-Mail _____ Years Residing Here _____

Invoice Delivery Preference? E-Mail Postal Mail

The rented unit(s) will be located at the following address:

Delivery Address _____ City _____ State _____ ZIP _____

What is your relationship to this property? Own Rent Property of friend, family or associate

If you do not own the property, please list the landlord or property owner here: _____

Please list your current or most recent employer:

Employer's Name _____ Office Phone _____

Address _____ City _____ State _____ ZIP _____

Position/Title _____ Supervisor's Name _____ Years Employed _____

What is your employment status with this company? Full-Time Part-Time Not Currently Employed Retired

Please provide the name of someone who does not live with you that we can contact if we become unable to reach you:

Name _____ Relationship _____ Phone Number _____

Address _____ City _____ State _____ ZIP _____

Have you previously filed or are you presently a debtor in any bankruptcy proceeding? _____ If yes, when? _____

Terms And Conditions:

Our terms are NET 15 days. A monthly finance charge of 1 1/2%, which is an annual percentage rate of 18% of the unpaid balance, will be charged on any balance older than 30 days past-due.

I, the undersigned, as an authorized representative of the Lessee, do hereby personally and individually promise to pay the obligations incurred under the terms of any lease agreement with Page Street Leasing, LLC (the Creditor). In the event that the Creditor retains an attorney or incurs any other collection expense, the undersigned shall be responsible for reasonable attorneys fees & costs incurred in the collection.

Authorized Signature _____ Date _____