



Rental Customer Information Sheet
All lines must be completed*
 A copy of your current Driver's License and/or I.D. card is required

FOR OFFICE USE ONLY
 Date: _____
 Verified By: _____
 BCL: _____
 Approved / Denied

Today's Date: ____ / ____ / ____ Approximate Length of Rental Time: _____
 Your Name: _____
 Address _____ Apt. # _____ Phone # _____
 City _____ State _____ Zip _____ Move in date _____
 Landlord / Mortgagor _____ Landlord Phone # _____
 Directions to Residence: _____

Home Address _____ Apt. # _____ Phone # _____
 City _____ State _____ Zip _____ How long there _____

Spouse's / Roommates Name _____

Your Employer _____ Phone # _____
 Company Address _____ City _____ State _____ Zip _____

Social Security No. _____ - _____ - _____ Date of Birth ____ / ____ / ____
 Drivers License or I.D. # _____ Vehicle Plate No. _____
 Auto Year _____ Make _____ Model _____ Color _____

READ AND SIGN AFTER THIS FORM IS COMPLETED.

I certify the information supplied by me on this form is true and correct. I authorize E-Z Own Sales Plus, Inc. to verify all information on this form, including the contact of any person or firm listed on this form or the contact of any future employer or landlord. I further authorize any person or firm listed on this form, and any future employer or landlord, to release information about my employment and or place of residence and phone number to E-Z Own Sales Plus, Inc. I authorize E-Z Own Sales Plus, Inc. to issue a copy of the front page of this form, completed by me, to any above listed party that requests evidence of authorization and I agree to hold E-Z Own Sales Plus, Inc. harmless for doing so.
I understand and agree to the above statement.

Signature _____ Date _____

THANK YOU! More information about us can be found at www.ezownplus.com