Russ Darrow Leasing Co., Inc.
W133 N8569 Executive Pkwy
Menomonee Falls, WI 53051
800-732-7769

INDIVIDUAL APPLICATION
Owner/Operator Application
Fax Application to: (262) 253-7540

INDIVIDUAL CREDIT APPLICATION

APPLICANT	Legal Name: First Middle Last		Social Security Number	Date of Birth
	Home Address: Street Address City State Zip Code			Home Phone Number
	Name & Address of Mortgage Holder or Landlord	Monthly Payment Amount	Own Or Rent ☐ ☐	Number of Years at Address
	Previous Address if Less Than 2 Years at Above Address		Number of Years	E-mail Address
EMPLOYED BY	Name			Cell/Mobile Phone Number
	Address/City/State/Zip Code		Position	Number of Years Employed
	Previous Employer if Less Than 2 Years		Position	Number of Years Employed
INCOME	Income Per Month From Above Listed Employer	Other Income/Source		Other Income/Source
	Alimony, Child Support, or Separate Maintenance Income Need Not Be Revealed If You Do Not Wish To Have It Considered As A Basis for This Lease Obligation.			
FINANCE EXPERIENCE	Have You Ever Financed A Truck? Yes ☐ No ☐	Monthly Payment Amount:	Balance:	Account Number:
	Name of Finance Company:		Phone Number:	
REFERENCES	Bank – Checking Account	Account No.	Contact	Phone No.
	Bank – Loan/Installment Debt Acct	Account No.	Contact	Phone No.
PERSONAL REFERENCES	Name	Relationship		Phone No.
	Street Address/City/State/Zip	Years Known		Fax No.
	Name	Relationship		Phone No.
	Street Address/City/State/Zip	Years Known		Fax No.

Individuals signing below certify that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ _____ _____
Signature | Signer's Printed Name | Date

X _____ _____ _____
Signature | Signer's Printed Name | Date

(Version 1.2 11/00)

ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your credit application. We will review it carefully and get back to you promptly. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.