



NewFound Rentals
 3262 Westheimer Rd,
 #324 Houston, TX 77098
 P: 713-322-9348 | F: 832-743-5273
 www.newfoundrentals.com

Rent to Own Application

- Urgent Within 24 Hours
 24 Months 36 Months 48 Months 60 Months

Applicant Information

Name:		Date of Birth:	
Social Security Number:		D.L. or ID No. (Photocopy required):	
Primary Phone:	Secondary Phone:	Email:	
Mailing Address:			
City:	County:	State:	Zip:
Physical Address of Shed:			
City:	County:	State:	Zip:
Co-Name:	Co-Name Date of Birth:	Co-Name SSN:	
Co-Name D.L. No. (Photocopy required):			
Co-Name Phone Number:		Co-Name E-Mail:	

Physical Address

Own Rent Indian Reservation? Yes No

If applicable-Landlords Name: _____ If applicable-Landlords Phone Number: _____

References

Name	Relationship	Phone Number
01		
02		
03		

Employment Information

Employer:	Supervisor:
Been Employed Here Since:	Employer's Phone Number:

Payment Information & Auto Draft (Don't ever miss a payment with our secure Auto Draft system and pick a day that s convenient for you)

Enroll in Auto Draft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment Due Date (1-28):
Name on account:	Security Code / Routing #:
Card #/Account #:	
Expiration Date:	Run Security Deposit and 1st Months' rent with this info today? <input type="checkbox"/> Yes <input type="checkbox"/> No

Building Information

Cash Price:	Sales/Use Tax:	Est. Delivery Date:
Size:	Model:	Serial #:
Liability Waiver Program \$5 (plus tax) a month <input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing below, I (we) certify the information supplied by me on this form is true and correct, and hereby authorize the release of any information, deemed necessary by lessor, relating to employment, income, and existing or prior leases. I (we) authorize lessor to use numbers/e-mails listed when making contact about account. Any false statement can be sufficient basis for rejection of this order. I (we) have read and understand this statement. I understand my credit will not be pulled to qualify for this rent to own agreement

.....
Signature
 Date: ____/____/____

.....
Co-Signature
 Date: ____/____/____

Manufacturer/Dealer use only - Return Agreement: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail: _____
Amount received from customer: _____ Other Notes: _____

