



# BRAMBILLA'S LEASE SYSTEMS, INC.

11524 K-Tel Drive  
 Minnetonka, MN 55343  
 Ph: 952-908-3300  
 Fax: 952-908-3400  
 E-mail: bls@brambillaslease.com  
 Website: www.brambillaslease.com

(Individual)  
**LEASE CREDIT APPLICATION**

Date \_\_\_\_\_

PRINT NAME			DATE OF BIRTH		NO. DEPENDENTS	
FIRST	MIDDLE	LAST				
HOME ADDRESS			CITY	STATE	ZIP	HOW LONG THERE
NUMBER & STREET					YR MO	
NAME & ADDRESS OF LANDLORD OR MORTGAGE HOLDER			MONTHLY PAYMENT	VALUE	BALANCE	HOME PHONE
Own <input type="checkbox"/>			\$	\$	\$	
Rent <input type="checkbox"/>						
PREVIOUS ADDRESS			HOW LONG THERE		YEARS IN STATE	
NAME & ADDRESS OF PARENTS OR NEAREST RELATIVE			RELATIONSHIP	PHONE		
NAME & ADDRESS OF EMPLOYER			BUSINESS PHONE			
POSITION			HOW LONG		MO INCOME	SUPERVISOR
			YR MO	\$		
PREVIOUS EMPLOYER					OTHER MONTHLY INCOME AND SOURCE	
			YR MO	\$		
PREVIOUS ADDRESS & EMPLOYER (IF ABOVE DOES NOT REFLECT 5 YEARS)						
SOCIAL SECURITY NUMBER			DRIVERS LICENSE NUMBER			
LAST AUTO FINANCED OR LEASED BY			YEAR	MAKE	BALANCE	MONTHLY PAYMENT
					\$	\$
NAME & ADDRESS OF CREDITORS			TYPE OF LOAN	ORIG. AMOUNT	BALANCE	MONTHLY PAYMENT
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
HAVE YOU EVER HAD A REPOSESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN?			
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS:			
CHECKING ACCOUNT NUMBER			NAME OF BANK		BANK BRANCH	PRESENT BALANCE
						\$
SAVINGS ACCOUNT NUMBER						PRESENT BALANCE
						\$
NAME OF INSURANCE COMPANY			ESTIMATED ANNUAL MILEAGE: _____ PER YEAR			
AGENT		PHONE		VEHICLE TO BE USED PRIMARILY FOR: (CHECK ONE)		
				<input type="checkbox"/> BUSINESS <input type="checkbox"/> PERSONAL		
AGENCY NAME & ADDRESS						
NEW/USED	YEAR	MAKE	MODEL	BODY TYPE	CYLINDERS	COLOR

1. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law concerning discrimination is the Federal Trade Commission.

FACTORY INVOICE	_____
DUE DEALER	_____
TERM VALUE	_____
TOTAL PAYMENT	_____
SECURITY DEPOSIT	_____
TERM	_____ MONTHS
APPROX DELIVERY DATE	_____

THE UNDERSIGNED WARRANT THE ACCURACY OF THE ABOVE STATEMENTS GIVEN TO DEALER TO INDUCE DEALER TO LEASE AN AUTOMOBILE.

X \_\_\_\_\_  
 (LESSEE)

X \_\_\_\_\_  
 (LESSEE)