

HOME APPLIANCE RENTALS

DATE _____

1292 W. Station
Kankakee, IL 60901
933-8211

RENTERS INFORMATION

PLEASE PRINT

NAME		BIRTH DATE	SEX	SOCIAL SECURITY #		DRIVER'S LICENSE #	
ADDRESS		APT/FLOOR	CITY/STATE/ZIP			HOW LONG	
PREVIOUS ADDRESS			FROM:	TO:	HOME PHONE #	WORK PHONE #	
RESIDENCE IS: 1. OWNED <input type="checkbox"/> 2. RENTED <input type="checkbox"/> 1. HOUSE <input type="checkbox"/> 2. APARTMENT <input type="checkbox"/> OTHER <input type="checkbox"/>			LIVING WITH (Check All That Apply): 1. SPOUSE <input type="checkbox"/> 2. CHILDREN <input type="checkbox"/> 3. PARENTS <input type="checkbox"/> 4. OTHER RELATIVES <input type="checkbox"/> 5. FRIEND <input type="checkbox"/> 6. ALONE <input type="checkbox"/> 7. OTHER <input type="checkbox"/>				
CURRENT LANDLORD		ADDRESS		PHONE #			
PREVIOUS LANDLORD		ADDRESS		PHONE #			
HOUSEHOLD INSURANCE AGENT		ADDRESS		PHONE #			
AUTO - YEAR	MAKE	MODEL	COLOR	LICENSE PLATE NO:		STATE:	
AUTO FINANCED THROUGH		UTILITIES IN WHOSE NAME					
JOB TITLE		EMPLOYER		ADDRESS			
HOW LONG	SHIFT	PLANT	DEPT.	SUPERVISOR	PHONE #		EXT. #
WORKING 1. FULL TIME <input type="checkbox"/> TAKE HOME PAY 2. PART TIME <input type="checkbox"/> 3. NOT WORKING <input type="checkbox"/> \$			PAID: 1. ONCE A WEEK <input type="checkbox"/> 2. EVERY TWO WEEKS <input type="checkbox"/> 3. ONCE A MONTH <input type="checkbox"/>		DAY OF WEEK PAID	ADDITIONAL INCOME \$	SOURCE

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

HOUSEHOLD INFORMATION

NAME OF OTHER ADULT IN HOUSEHOLD			RELATIONSHIP		SOCIAL SECURITY #		
JOB TITLE			EMPLOYER		ADDRESS		
HOW LONG	SHIFT	PLANT	DEPT.	SUPERVISOR	PHONE #		EXT. #

☐ 6

RENTERS PERSONAL REFERENCE INFORMATION

NAME (At Least 2 Relatives)	ADDRESS	CITY/STATE/ZIP	PHONE #	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				

☐ 7

☐ 8

☐ 9

☐ 10

☐ 11

☐ 12

MARKETING INFORMATION

FIRST HEARD ABOUT HOME APPLIANCE RENTALS		HAVE YOU RENTED FROM HOME APPLIANCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1. FRIEND	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU RENTED FROM ANY OTHER COMPANIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. NEWSPAPER	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH ONES? _____	
3. BROCHURE	<input type="checkbox"/> YES <input type="checkbox"/> NO		

READ STATEMENT BEFORE SIGNING:

I CERTIFY THE INFORMATION SUPPLIED BY ME ON THIS FORM IS TRUE AND CORRECT. I AUTHORIZE VERIFICATION OF THE TRUTHFULNESS OF ALL INFORMATION CONTAINED HEREIN, INCLUDING CONTACT WITH ANY PERSONS OR FIRM LISTED ABOVE, AND FULLY RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT. ANY FALSE STATEMENT MADE ABOVE SHALL BE SUFFICIENT BASIS FOR REJECTION OF THIS ORDER. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

ORDER TAKEN BY	TIME TAKEN	VERIFIED BY	ACCEPT <input type="checkbox"/> REJECT <input type="checkbox"/>
DELIVERY DATE	DELIVERY TIME	WEEKLY \$	LENGTH
PRODUCT:	PRODUCT:		
MODEL #:	MODEL #:		
SERIAL #:	SERIAL #:		

SERVICE
BEDDING
CARPETING
FURNITURE
TELEVISION
RENT TO OWN



Appliance
& Heating

STEREO
HEATING
PLUMBING
APPLIANCES
AIR CONDITIONING

1292 WEST STATION STREET • PHONE (815) 933-8211 • FAX (815) 933-8298 • KANKAKEE, IL 60901

QUALIFICATIONS NEEDED TO RENT

- * MUST BE AT LEAST 21 YEARS OF AGE.
- * MUST BE AT LEAST 6 MONTHS AT PRESENT ADDRESS IN KANKAKEE COUNTY.
- * MUST BE AT LEAST 6 MONTHS AT PRESENT JOB. (UNEMPLOYMENT AND CHILD SUPPORT DO NOT QUALIFY AS VALID SOURCES OF INCOME.)
- * MUST HAVE TELEPHONE IN SERVICE AT YOUR ADDRESS.
- * MUST HAVE VALID DRIVER'S LICENSE/STATE ID *AND* SOCIAL SECURITY CARD.

QUALIFICATIONS NEEDED TO CONTINUE RENTING

- * MUST PAY RENT IN ADVANCE AT ALL TIMES.
- * MUST MAINTAIN EMPLOYMENT AT ALL TIMES.
- * MUST MAINTAIN TELEPHONE SERVICE AT ALL TIMES.
- * MUST KEEP MERCHANDISE AT ORIGINAL ADDRESS ON RENTAL CONTRACT.
- * MUST NOTIFY HOME APPLIANCE IMMEDIATELY OF ANY CHANGES IN EMPLOYMENT, TELEPHONE NUMBER AND/OR RESIDENCE. (RENTAL MERCHANDISE CANNOT BE MOVED OUT OF KANKAKEE COUNTY UNDER ANY CIRCUMSTANCES!)

I certify that I understand and meet all of the above qualifications. I authorize Home Appliance to verify my information (i.e. employment, residence, references and history with other rental and/or payday loan companies) and release all parties from all liability for any damage that may result.

Sign Full Name

Social Security Number

Date

Sign Full Name

Social Security Number

Date