



- ☐ Edit Cust
☐ Edited
☐ CC/ACH
☐ Proof
☐ Entered

Rent to Own Agreement

ALL INFORMATION IS REQUIRED

12006 W 87th St Pkwy
 Lenexa, KS 66215
 (913) 894-4349

1080 W Santa Fe
 Olathe, KS 66061
 (913) 780-4426

Renter Last Name		Renter First Name		DOB	Date
Co-Renter Last Name		Co-Renter First Name		DOB	Acct. #
Street Address	Apt #	City	County	State	Zip Code
Home Phone	Renter Work Phone # _____		Student Name		
Cell Phone	Co-Renter Work Phone # _____		School		
E-Mail Address					
Renter Employer			Co-Renter Employer		
Renter Driver License #			Co-Renter Driver License #		
Renter SSN			Co-Renter SSN		
Nearest Relative (<u>not living with you</u>)			Relative's phone number		
Relative's Address					
PAYMENT OPTIONS					
<input type="checkbox"/> Option 1 ACH with CREDIT CARD (Debit Cards can only be used if the card is for an account different from the ACH account) NO CREDIT CHECK. _____ Initial					
<input type="checkbox"/> Option 2 ACH with 2 nd ACH. NO CREDIT CHECK. _____ Initial					
<input type="checkbox"/> Option 3 ACH with a \$30 non refundable credit check. No Credit/Debit Card on file. _____ Initial					
<input type="checkbox"/> Option 4 Credit Card with a \$30 non refundable credit check. No checking account. _____ Initial					
Credit/Debit Card <input type="checkbox"/> Visa Card <input type="checkbox"/> Discover Card <input type="checkbox"/> Master Card <input type="checkbox"/> American Express		Name as it appears on card: _____			
I understand that if a Debit Card is used for security it must be for an account other than ACH account number . _____ Initial		CC Billing Address: _____			
Please do not list your Credit/Debit Card # on this document					
Instrument: <input type="checkbox"/> New <input type="checkbox"/> Used	Serial Number	Mfg	Model	Rental # of Months _____	
Replacement cost of Instrument without tax \$ _____		Monthly Rental Fee \$ _____ Monthly Maintenance Fee \$ _____ *Total Monthly Fee without tax \$ _____			

RENTER:

By _____

Co-Renter:

By _____