

Audio/Video Consumer Lease Application

www.AudioVideoLease.com

Phone: (952) 440-2226 Fax: (952) 440-2756

Date: _____

Full Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Fax: _____

Email: _____

Home: Rent Own Years at address: _____

Social Security Number: _____ Date of Birth: _____

I certify that the above information is correct and I authorize the creditors listed above to provide credit information to AudioVideoLease and its lenders.

By: _____ **Date:** _____

Applicants Signature

PLEASE COMPLETE – THE EQUIPMENT YOU WISH TO PURCHASE:

Supplier/Vendor: _____ Phone: _____

Equipment: New Used Sale price: _____ Tax Rate: _____ Shipping: _____

Type of Equipment _____

Lease Term: I want a 24 month lease* I want a 36 month lease*

**One month advance payment due at commencement of lease, fair market buyout at end, you may elect to purchase this equipment at the end of the lease for fair market value or turn it in back to the lender and owe nothing more after all payments have been made on time.*

FAX COMPLETED & SIGNED FORM TO: (952) 440-2756