

Consumer Lease Credit Application

(Please complete and return to your sales representative or email to credit@motorenvy.com)

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Years There: _____

Home Phone#: _____ Email: _____

Cell #: _____

Own Rent Live w. Family Social Sec#: _____

Mortgage/Rent Amount:\$ _____ Mortgage Holder or Landlord: _____

Previous Address (If less than 2 yrs): _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Phone#: _____ Years Employed: _____

Position: _____ Verifiable Annual Income:\$ _____

Additional Income:\$ _____ Source: _____

Previous Employer: _____

Previous Employer Address and Phone: _____

Vehicle(s) Interested (Make, Model, Year): _____

Desired Lease Term (12, 24, 36 months): _____

I certify that the above information is complete and accurate. MotorEnvy.com, will rely on this application in deciding whether to grant the requested credit and may keep this application on file. I authorize MotorEnvy.com, and its affiliates, to review my credit and employment history, and, if approved, obtain future credit reports as necessary. MotorEnvy.com will safeguard my information and will use it for internal purposes only. I understand that federal law requires financial institutions to obtain, verify, and record identifying information.

Applicant Signature: _____ Date: _____



**We will also need:
Email or Faxed copy of license (Lightened and Enlarged)**