



Global Auto Lease  
4010 Billy Mitchell Drive  
Addison Texas, 75001

Sales and Leasing: 214.536.3376  
Finance Department: 214.536.3375  
Fax: 972.429.6561

### Consumer Lease Application

YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY.  
PLEASE INDICATE YOUR CHOICE.

INDIVIDUAL  JOINT

### Dealership Information Only

DEALERSHIP CONTACT:			
PHONE NUMBER			
YEAR	MAKE	MODEL	
MSRP	CAP	TERM	MONTHLY PAYMENT
		MO	

### APPLICANT INFORMATION (Note: Alimony, child support need not be revealed if you do not wish it considered as a repayment source.)

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		DEPENDENTS	HOME PHONE	
HOME ADDRESS		CITY	ST	ZIP	TIME AT ADDRESS	RENT BUY	OWN PARENTS
PREVIOUS ADDRESS		CITY	ST	ZIP	TIME AT ADDRESS	TIME IN COMMUNITY Yrs. Mo.	
EMPLOYER NAME		OCCUPATION	JOB TIME Yrs. Mos.		WORK PHONE AND EXTENSION EXT		
BUSINESS ADDRESS		CITY	ST	ZIP	SELF EMPLOYED	TYPE OF BUSINESS	
GROSS MONTHLY SALARY	MONTHLY COMM /BONUS	OTHER MONTHLY INCOME	SOURCE ( RETIRMENT, INVESTMENTS )		TOTAL MONTHLY INCOME		
PREVIOUS EMPLOYER		CITY / STATE	PHONE NUMBER		HOW LONG	OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU		CITY	ST	PHONE NUMBER		RELATIONSHIP	

### CO-APPLICANT INFORMATION

FULL NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER		DEPENDENTS	HOME PHONE	
HOME ADDRESS		CITY	ST	ZIP	TIME AT ADDRESS	RENT BUY	OWN PARENTS
PREVIOUS ADDRESS		CITY	ST	ZIP	TIME AT ADDRESS	TIME IN COMMUNITY Yrs. Mo.	
EMPLOYER NAME		OCCUPATION	JOB TIME Yrs. Mos.		WORK PHONE AND EXTENSION EXT		
BUSINESS ADDRESS		CITY	ST	ZIP	SELF EMPLOYED	TYPE OF BUSINESS	
GROSS MONTHLY SALARY	MONTHLY COMM /BONUS	OTHER MONTHLY INCOME	SOURCE ( RETIRMENT, INVESTMENTS )		TOTAL MONTHLY INCOME		
PREVIOUS EMPLOYER		CITY / STATE	PHONE NUMBER		HOW LONG	OCCUPATION	
NEAREST RELATIVE NOT LIVING WITH YOU		CITY	ST	PHONE NUMBER		RELATIONSHIP	

### CREDIT INFORMATION

LIENHOLDER OR LANDLORD		MONTHLY PAYMENT	PURCHASE PRICE		ORIGINAL BALANCE	CURRENT MORTGAGE BALANCE		
ADDRESS		CITY	ST	ZIP	ACCOUNT NUMBER	PHONE		
CAR MAKE	MODEL	YR	MILEAGE	FINANCED OR LEASED BY		PAYMENT	BALANCE	TRADE-IN?
CAR MAKE	MODEL	YR	MILEAGE	FINANCED OR LEASED BY		PAYMENT	BALANCE	TRADE-IN?
CHECKING ( NAME OF BANK )		BRANCH / CITY		ST	ACCOUNT NUMBER	AVERAGE MONTHLY BALANCE		
OTHER CREDITOR NAME ( Visa, MasterCard, American Express,		ACCOUNT NUMBER			MONTHLY PAYMENT	DATE LAST PAYMENT MADE:		
OTHER CREDITOR NAME ( Visa, MasterCard, American Express,		ACCOUNT NUMBER			MONTHLY PAYMENT	DATE LAST PAYMENT MADE:		

### SIGNATURES - IF JOINTLY APPLYING BOTH MUST SIGN

THIS CREDIT APPLICATION IS TO INDUCE YOU TO GRANT CREDIT AND I(WE) CERTIFY THAT THE INFORMATION HERIN IS TRUE AND COMPLETE. I (WE) AUTHORIZE YOU TO OBTAIN FURTHER INFORMATION CONCERNING OUR CREDIT STANDING AND EMPLOYMENT AND AGRESS YOU MAY EXCHANGE INFORMATION ON OUR CREDIT PERFORMANCE WITH OTHERS WHO MAY PROBABLY RECEIVE THAT INFORMATION.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_