

JOHNNY THOMPSON MUSIC CONFIDENTIAL RENTAL APPLICATION

All information given on this form is kept strictly confidential, and is shredded and destroyed after contract completion. Please complete all.

STUDENT'S INFORMATION

| | | |
|--|--|---|
| Student's Name: _____ Age: _____ | Name Previous Instrument: _____ Years: _____ | Where will the instrument be kept?: _____ |
| What is your relationship to student?: _____ | Instrument Wanted Now: _____ | Language(s) spoken at home: _____ |
| Who has full or primary custody of child?: _____ | Music Teacher's Name: _____ | Who Recommended you?: _____ |
| Who will actually be paying for the rental?: _____ | School & District: _____ | Rented here before? <input type="checkbox"/> Y <input type="checkbox"/> N When: _____ |

ADULT RENTER'S Information Your Age → () Married Married, but Separated Divorced Single Living with person

Please Print Clearly

| | |
|--|---|
| First Name: _____ Middle: _____ Last: _____ DOB: ____/____/____ D.L.#: _____ Social Security # _____ - ____ - ____ Home#: (____) _____ - _____ Live with parents? <input type="checkbox"/> Y <input type="checkbox"/> N Cel: (____) _____ - _____ E-mail: _____ Home Address: _____ Apt# _____ City: _____ Zip: _____ <input type="checkbox"/> Own or <input type="checkbox"/> Rent Years at present address: _____ Moving within 1 year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW Mortgage Company: _____ Rental Manager phone: (____) _____ - _____ | <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> On Disability / Leave <input type="checkbox"/> Other Company: _____ Job Address: _____ City: _____ Title: _____ Dept: _____ Supervisor/Mgr. Name: _____ Work #: (____) _____ - _____ Ext: _____ How long currently employed? Years _____ Months _____ Weekly Income: \$ _____ Weekly Hours: _____ Hours Scheduled: _____ How long was previous job? Years _____ Months _____ Reason for leaving: _____ |
|--|---|

ADULT YOU LIVE WITH Age: → () Relation to you:

| | |
|--|--|
| First & Middle Name: _____ Last Name: _____ D.L.#: _____ DOB: ____/____/____ Social Security #: _____ - ____ - ____ Weekly Income: \$ _____ Weekly Hours: _____ | Employer Name: _____ Address and City: _____ Wrk Ph#: (____) _____ - _____ Ext: _____ How long employed(current Job)? Years: _____ Mo: _____ Position: _____ Department: _____ |
| If DIVORCED/SEPARATED: First Name: _____ Middle: _____ Last: _____ D.O.B. ____/____/____ Home Ph:(____) _____ - _____ Work:(____) _____ - _____ Cel:(____) _____ - _____ Address: _____ City: _____ State: _____ Zip: _____ | |

| | |
|---|---|
| <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX <input type="checkbox"/> DEBIT/CHK CARD Exp: _____ Holder Since: _____ Card #: _____ - _____ - _____ CID #: _____ Your name as it appears on card: _____ Limit:\$ _____ Owed:\$ _____ Is card chargeable now? <input type="checkbox"/> YES <input type="checkbox"/> NO ? | Will this instrument (equipment) be played at Church? <input type="checkbox"/> Y <input type="checkbox"/> N Name of Church: _____ City: _____ Pastor: _____ Days?: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su Time? |
|---|---|

| | | |
|---|---|---|
| Do you have a Checking Account? <input type="checkbox"/> Y <input type="checkbox"/> N Savings Account? <input type="checkbox"/> Y <input type="checkbox"/> N Other?: <input type="checkbox"/> Y <input type="checkbox"/> N | Ever been convicted of a crime? <input type="checkbox"/> Y <input type="checkbox"/> N → → If "Yes", please explain on back | Are you a U.S. Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N if no → Visa#: _____ |
|---|---|---|

| | | | |
|---|-------|--------------------|--|
| WHO WILL ALWAYS KNOW WHERE YOU ARE?: | | : VERIFIED: | |
| : 1. Your Mother/Father: | City: | Phone: | |
| : 2. Other Relative():: | City: | Phone: | |
| : 3. Good Friend: | City: | Phone: | |
| : 4. Other():: | City: | Phone: | |

I/we certify all information given is 100% fully correct and complete. I/we authorize Johnny Thompson Music (JTM) to obtain a credit report and /or to verify all information given on rental application at JTM's discretion any time before or during rental period. I/we agree to immediately notify JTM of any change in (A) home telephone numbers, (B) home address or (C) employment. This application remains the sole property of JTM.

X _____ **Applicant's Signature** _____ **Date**
D / a / 1K

X _____ **Co-Applicant's Signature** _____ **Date**

JTM OFFICE ONLY

| | | | | |
|---|---|--|---|----------------------------------|
| Team Member: DATE: ____/____/____ | _____ Process I.D. _____ Verify C.C. | _____ Credit Check _____ Verify Job | _____ Co-Signer? \$ _____ ↑Dep or D-Pay? | (Conditions of) Approval: |
|---|---|--|---|----------------------------------|