

ALPHA STRINGS

RENTAL APPLICATION

151 S 9TH AVE #D

LA PUENTE, CA 91746

(626) 551-6660

Applicant Information

| | | | |
|-------------------------------------|----------------------|--------|-----------|
| Name: | | | |
| Date of birth: | | Phone: | |
| Current address: | | | |
| City: | | State: | ZIP Code: |
| Email | Driver's License # | | Exp. Date |
| Visa or Mastercard debit card. | | | |
| Exp. Date | Visa or Mastercard # | | Exp.Date |
| | | | |

Employment Information

| | | | |
|-------------------|--------|---------|-----------|
| Current employer: | | | |
| Employer address: | | | |
| Phone: | | E-mail: | Fax: |
| City: | State: | | ZIP Code: |
| | | | |

Emergency Contact

| | | | | |
|---|--------|--|-----------|--------|
| Name of a person not residing with you: | | | | |
| Address: | | | | |
| City: | State: | | ZIP Code: | Phone: |
| Relationship: | | | | |

Instrument Information

| | | | |
|-------|-------|--|----------|
| Model | Price | | Deposit: |
| | | | |
| | | | Date: |
| | | | Date: |

References

| | | | |
|-------|----------|--|--------|
| Name: | Address: | | Phone: |
| | | | |
| | | | |

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

| | | | |
|----------------------------|--|--|-------|
| Signature of applicant: | | | Date: |
| Signature of co-applicant: | | | Date: |