

PAL PLAZA
AUTO
LEASING



2750 NOSTRAND AVENUE, BROOKLYN, NY 11210

TEL 718-975-9000 • FAX 718-301-9490

CREDIT APPLICATION FOR AUTOMOBILE LEASE OR FINANCE

Email _____ @ _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

DATE OF BIRTH _____ / _____ / _____

FIRST NAME _____

LAST NAME _____

HOME PHONE NUMBER (_____) _____

CELL PHONE NUMBER (_____) _____

ADDRESS _____
(WHERE VEHICLE WILL BE INSURED AND REGISTERED)

CITY _____

STATE _____ ZIP _____

YEARS AT ADDRESS _____

DO YOU OWN _____ RENT _____

MONTHLY PAYMENT _____

EMPLOYER _____

TITLE OR OCCUPATION _____

BUSINESS PHONE NUMBER (_____) _____ - _____

YEARS EMPLOYED _____ ANNUAL SALARY \$ _____

INSURANCE _____ PHONE # (_____) _____ - _____

SIGNED X _____