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Dealer Name: \_\_\_\_\_  
 Equipment Description: \_\_\_\_\_  
 Equip\$ Mats\$ Labor\$  
 Terms:  Net 5  Net 30

**RENTAL PURCHASE APPLICATION** **DATE**

**APPLICANT INFORMATION**

Name			Social Security No.		
Street Address					Years
City		County		State	Zip
Equipment Location Address					
City		County		State	Zip
Home Phone		Cell Phone		Email	
Property Owner <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Home <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home			
Age of Current System: _____ Years		Brand: _____		Type: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Propane	
Driver's License No.			State		Date of Birth:
Employer			Phone		Years
Occupation			Supervisor		
Work Hours		Pay Frequency		Net Pay	
Mortgage Company			Phone		Pmt \$
Power or Gas Bill Pmt/Mo: \$		Auto Loan Pmt/Mo: \$		Other Loan Pmts/Mo: \$	
Bank Name		Contact		Phone	
Insurance coverage provided by: <input type="checkbox"/> Applicant, OR <input type="checkbox"/> Lessor liability waiver coverage (\$10 per month)					
Agent/Insuror:			Policy #:		Phone
Have you filed bankruptcy in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, Why?
Mother OR Nearest Relative Not Living With You:					Relationship
Street Address					
City		County		State	Zip
Home Phone		Cell Phone		Email	

**CO-APPLICANT INFORMATION**

Name			Social Security No.		
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (Explain)					
Street Address					Years
City		County		State	Zip
Home Phone		Cell Phone		Email	
Driver's License No.			State		Date of Birth:
Employer			Phone		Years
Occupation			Supervisor		
Work Hours		Pay Frequency		Net Pay	
Mortgage Company			Phone		Pmt \$
Power or Gas Bill Pmt/Mo: \$		Auto Loan Pmt/Mo: \$		Other Loan Pmts/Mo: \$	

**PLEASE READ THIS STATEMENT BEFORE SIGNING**

I promise that the information I have provided on this form is correct. I authorize complete verification of all information I have provided and routine credit inquiry for leases subject to approved credit. You may contact any person or company listed above and I fully release all parties from liability for any damage that may result. My (our) signature(s) indicates that for purposes of verification, I (we) have voluntarily waived the protection of all rights to privacy laws. This order may be rejected if any information provided is found to be false.

By your (whether one or more applicants) signatures below, you also agree to allow Microf LLC employees to contact the persons and/or companies named above to verify your information and to assist Microf LLC in its collection efforts if you fail to renew the rental agreement or return the merchandise to Microf LLC on time. This waiver is valid until you revoke it by notifying Microf LLC in writing by certified mail.

I have read and understand these statements.

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_