

FAX THIS BACK TO 1-619-583-3906

FULL NAME : _____ NICKNAME: _____

ADDRESS: _____ LANLORD NAME: _____

CITY: _____ ZIP: _____ LANLORD NUMBER: _____

PHONES

HOME: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____ WEBSITE: _____

WORK INFORMATION

EMPLOYER: _____ SUPERVISOR: _____

WORK ADDRESS: _____ HOW LONG _____

DRIVERS LICENSE INFO

DL#: _____ SEX: _____ EXP: _____ DOB: _____

SOCIAL SECURITY# _____ EYES _____ HAIR _____ WEIGHT _____

VEHICLE INFORMATION

VEHICLE REGISTERED TO: _____ YR: _____ MAKE: _____ MODEL _____

BANK ACCOUNT/CREDIT CARD INFO

CARD#: _____ EXP: _____ CODE _____

BILLING ADDRESS: _____ BILLING ZIP: _____

I authorize APEX MUSIC to charge the rental, late , replacement and or repair fees to above card.

REFERENCES (NOT LIVING WITH YOU)

RELATIVE 1: _____ TEL#: _____

RELATIVE 2: _____ TEL#: _____

FRIEND: _____ TEL#: _____

SPOUSE/ROOMATE: _____ TEL#: _____

AUTHORIZATON AGREEMENT

I authorize APEX MUSIC, and it's employees to check all above information. I agree that it is all true to the best of my knowledge. I understand that APEX MUSIC can refuse me the right to rent, if the above information is not true.

APEX MUSIC reserves the right to refuse service..

SIGNATURE

DATE

X: _____
