



Lighthouse Capital Solutions Lease/Purchase Application

P.O. Box 18022 • Tampa, FL 33679

APPLICANT INFORMATION (Please Print)

					STORE NAME			
FIRST NAME APP			LAST NAME		DATE OF BIRTH		SSN	
FIRST NAME CO-APP			LAST NAME		DATE OF BIRTH		SSN CO-APP	
E-MAIL ADDRESS APP			E-MAIL ADDRESS CO-APP			MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single		
STREET ADDRESS		CITY	STATE	ZIP	APT#	COUNTY		HOW LONG (Year/Months)
DRIVERS LICENSE # APP			STATE OF ISSUANCE		DRIVERS LICENSE # CO-APP			STATE OF ISSUANCE
RESIDENCE IS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Other			MONTHLY PAYMENT \$		CELL PHONE # WITH AREA CODE ()		HOME PHONE # WITH AREA CODE ()	
EMPLOYER APP		POSITION	EMPLOYER PHONE #		HIRE DATE	GROSS PAY/MONTH \$		PAID: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly
EMPLOYER CO-APP		POSITION	EMPLOYER PHONE #		HIRE DATE	GROSS PAY/MONTH \$		PAID: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly

BANK INFORMATION (no bounced or NSF check in the past 30 days)

BANK NAME					<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		DATE ACCOUNT OPENED	
ROUTING NUMBER					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ACCOUNT NUMBER	

PERSONAL REFERENCE INFORMATION

NAME (must complete six references)	CITY/STATE	PHONE # WITH AREA CODE
1.		()
2.		()
3.		()
4.		()
5.		()
6.		()
WHO REFERRED YOU TO LIGHTHOUSE CAPITAL SOLUTIONS?		

BY SIGNING BELOW, I HEREBY: (1) certify that all information I have provided on this application or in connection herewith is true, correct, and complete. You may contact any person or company that I have listed above and I fully release all parties from all liability for any damage it may result: (2) understand that this application is subject to approval by Lighthouse Capital Solutions at its offices in the State of Florida and that payments are remitted to Florida.

APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	DATE

- NOTE: This application must be accompanied by the following:
1. Current bank statement
 2. Most recent paystub
 3. Photo id
 4. Sales Invoice

Toll Free 877-544-4814
 Fax 877-544-7614
 Email CustomerCare@LhCapSol.com