

SDA AUTO LEASING

Credit Application

Please complete all fields, sign, and email to sales@sdaautoleasing.com

Full Legal Name:	
Date of Birth:	
Social Security Number:	
Driver's License #:	
Home Address:	
City / State / ZIP:	
Years at Address:	
Housing (Rent / Own) Monthly Payment:	
Home Phone:	
Mobile Phone:	
Email Address:	
Employer:	
Occupation:	
Employer Phone:	
Years Employed:	
Gross Monthly Income:	
Other Income / Source:	
Previous Address (if under 2 years):	
Vehicle of Interest:	
Term / Mileage Preference:	
Down Payment:	
Co-Applicant Name (if any):	
Co-Applicant SSN / DOB:	

By signing below, I authorize SDA Auto Leasing and its lenders to obtain my credit report and verify the information provided above.

Applicant Signature: _____ Date: _____