

Stanroy Music Center

Rental/Credit Approval Application

Last Name		First	Initial	Spouse's Name	
Driver's License #		Social Security#		Date of Birth	
Street Address			City	State	Zip Code
Credit Card Billing Address (if different from above)			City	State	Zip Code
Home Phone			Work Phone		
Occupation		Employer		Business Address	
Nearest Relative Not Living With You		Address		Phone	

Has applicant declared bankruptcy or have any outstanding collections or public records? _____

If so, when? _____

I/We state that the above information is true and complete. By signing this application we authorize Stanroy Music Center and/or any proposed assignee to verify my/our credit information as deemed necessary.

Applicant Signature

Date

Previous SMC Renter? (Y/N)

For Office Use Only

MONTHLY CREDIT CARD PAYMENT AUTHORIZATION

I authorize Stanroy or their agents to charge my monthly rental payment to the credit card listed below. I agree to notify Stanroy of any changes in my account status that would prevent them from successfully processing my payment including notification when the card expires or if the account is closed for any reason. I agree to pay any late charges or collection costs associated with this rental account should Stanroy be unable to collect my monthly payment in accordance with the rental contract.

Card Number: _____

Expiration Date: _____ Card Type: _____ Monthly Rent: \$: _____ Instrument: _____

Name as it appears on card: _____

Renter's Signature: _____ E-mail _____

Only your name, address, and phone number(s) are entered into our computer system. Credit card information is uploaded to a secure site for monthly billing. Other sensitive data is legally and safely shared **only if your account goes into collections for non-payment.**