

FAX TO 704-873-9302 or email storagesheds@statesvilletruss.co

CUSTOMER INFORMATION

Dealer _____ Sales Person _____

Customer Name (first, middle initial, last) _____

Zip Code (where building is being delivered) _____ County _____

Length of Contract (please check one): **24 months** **36 months** **48 months** **60 months**

Cost of Building before tax: \$ _____ **LDW per month:** **\$4.95** / **\$7.95** /
 None

Social Security Number _____ Birthdate _____

Cell Phone _____ Home Phone _____

Email Address _____

Driver's License Number (**please fax a copy**) _____ State _____

Expiration Date _____

Delivery Address _____ State _____ Zip Code _____

Mailing Address _____ State _____ Zip Code _____

Employer / Income Source _____ Employer Phone _____

CHOOSE ONE – PROOF OF INCOME OR 4 REFERENCES

PROOF OF INCOME

- Acceptable Forms - pay stub less than 3 weeks old, proof of social security deposit for most recent month, if self-employed 3 months of checking account statements with verifiable income, or long term disability statement and proof of recent deposit.
- Unacceptable Forms – pay stub from a temporary staffing agency, workers compensation statement, short term disability, child support, or unemployment.

4 REFERENCES

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

COSIGNER INFORMATION

IF TWO PEOPLE ARE ON THE LEASE FILL OUT THIS SECTION

Name (first, middle initial, last) _____ Birthdate _____

Social Security Number _____

Cell Phone _____ Home Phone _____

Email Address _____

Confirm Email Address _____

DELIVERY INFORMATION

Will delivery require crossing property that is owned by someone else? ___ **yes** / ___ **no**

Do you own the property where the building will be located? ___ **yes** / ___ **no**

If no, please fill out the following: Landlord Name _____ Phone _____

Landlord Address _____

City, State, Zip Code _____

DEALER COMPLETES THE FOLLOWING INFORMATION ABOUT BUILDING

Brand _____ Building Number _____

New or Pre-owned _____ Garage Door: ___ yes / ___ no Windows (how many) _____

Size Width X Size Length _____

Type of Building _____ (Utility, Lofted Barn, Barn, Garage, Cabin, etc.)

Material _____ (Aluminum, Steel, Wood, Vinyl, etc.)

Base Color _____ Trim Color _____