

## CUSTOMER INFORMATION

DEALER \_\_\_\_\_ SALESPERSON \_\_\_\_\_

CUSTOMER NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

ZIP CODE (WHERE BUILDING IS BEING DELIVERED) \_\_\_\_\_ COUNTY \_\_\_\_\_

LENGTH OF CONTRACT (CHECK ONE):  24 MONTHS  36 MONTHS  48 MONTHS  60 MONTHS

COST OF BUILDING BEFORE TAX: \$ \_\_\_\_\_ LDW PER MONTH: \$7.95

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CUSTOMER MOBILE PHONE \_\_\_\_\_ CUSTOMER HOME PHONE \_\_\_\_\_

CUSTOMER EMAIL ADDRESS \_\_\_\_\_

*PLEASE FAX A COPY OF DRIVER'S LICENSE*

DELIVERY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER / INCOME SOURCE \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

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## REFERENCE

REFERENCE NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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## BUILDING INFORMATION

BRAND \_\_\_\_\_ BUILDING NUMBER \_\_\_\_\_

CHECK ONE:  NEW  PRE-OWNED GARAGE DOOR:  YES  NO # WINDOWS \_\_\_\_\_

SIZE: \_\_\_\_\_ WIDTH X \_\_\_\_\_ LENGTH

TYPE OF BUILDING (UTILITY, LOFTED BARN, BARN, GARAGE, CABIN, ETC.) \_\_\_\_\_

MATERIAL (ALUMINUM, STEEL, WOOD, VINYL, ETC.) \_\_\_\_\_

BASE COLOR \_\_\_\_\_ TRIM COLOR \_\_\_\_\_

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## PAYMENT METHOD AND REMINDERS

SIGN UP FOR AUTOMATIC DRAFT FOR YOUR MONTHLY PAYMENT?  YES  NO

To activate auto-draft, customers must fill out their banking information on the Auto Draft Form included in their contract package and submit the completed form to RTO National.

HOW WOULD YOU LIKE US TO REMIND YOU ABOUT UPCOMING PAYMENTS?

TEXT  EMAIL  COUPON BOOK (\$9.95 UPFRONT FEE)

HOW MANY DAYS IN ADVANCE WOULD YOU LIKE YOUR REMINDER?  5 DAYS  10 DAYS  15 DAYS

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## 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 COMPLETE THE FOLLOWING:

LANDLORD NAME \_\_\_\_\_ LANDLORD PHONE \_\_\_\_\_

LANDLORD ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Customer releases RTO National or its affiliates from any damage that occurs during the delivery or retrieval due to lack of clearance from trees, shrubs, fences, phone or power lines, sewer or septic lines, pipes, ditches or other obstructions.

By signing below, customer grants RTO National or its affiliates or representatives or contractors the right to remove any and all obstructions upon retrieval of the building including but not limited to fences, gates, locks, autos, boats, trailers or other items as deemed necessary by RTO National or its representatives. The customer released RTO National or its representatives from any and all liability or damages relating to the removal or damage to obstructions. Customer understands they are responsible for permits, set-backs, site preparations, and restrictive covenants.

NEAREST CROSSROAD TO CUSTOMER'S STREET \_\_\_\_\_

By signing below you verify that all of the information you are providing us is true and accurate at the time you are giving it. You consent to our contacting your employer and reference regarding the account. You agree that during the lease agreement, we can contact you via phone, email, text or social media, at home or at your place of employment.

**X** \_\_\_\_\_  
SIGNATURE OF CUSTOMER

**X** \_\_\_\_\_  
DATE

*NOTICE: By submitting this information, the dealer attests they have reviewed an unexpired government-issued ID and that all of the provided information is true and accurate. Any misrepresentation of the contract, its terms, or provided customer or collateral information could make the contract subject to repurchase.*

## DEPOSIT – IF CUSTOMER IS PAYING WITH CREDIT / DEBIT CARD

CUSTOMER NAME \_\_\_\_\_

ADDRESS ASSOCIATED WITH CARD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AMOUNT PAID: \$ \_\_\_\_\_ CIRCLE ONE: VISA    MASTERCARD    AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

**X** \_\_\_\_\_

**SIGNATURE OF CUSTOMER FOR AUTHORIZATION**

**X** \_\_\_\_\_

**DATE**

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## DEPOSIT – IF CUSTOMER IS PAYING WITH CASH

I, \_\_\_\_\_ (CUSTOMER NAME) paid \_\_\_\_\_ (DEALER'S NAME)  
in an amount of \$ \_\_\_\_\_ as a cash deposit. A false statement will cancel contract and may result in  
legal action. Do not sign if you did not provide this amount in cash.

**X** \_\_\_\_\_

**SIGNATURE OF CUSTOMER**

**X** \_\_\_\_\_

**DATE**

**X** \_\_\_\_\_

**SIGNATURE OF DEALER**

**X** \_\_\_\_\_

**DATE**

*WHEN CASH DEPOSITS ARE TAKEN, DEALER IS RESPONSIBLE FOR CONTACTING RTO NATIONAL WITH PAYMENT*