



VROOM CAR RENTAL – MONTHLY LEASE APPLICATION

APPLICANT INFORMATION

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

DRIVER INFORMATION

Driver's License Number: _____

Issuing State/Country: _____

Expiration Date: _____

EMPLOYMENT / BUSINESS INFORMATION

Employer / Business Name: _____

Business Address: _____

Position / Title: _____

Length of Employment: _____

Monthly Income: _____

LEASE REQUEST DETAILS

Desired Vehicle Type: _____

Lease Start Date: _____

Lease Duration (Monthly): _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

Emergency Phone Number: _____

ACKNOWLEDGMENT

I certify that the information provided is true and complete. I understand that submitting this application does not guarantee lease approval and that in-person verification at the VROOM location is required.

Applicant Signature: _____

Date: _____

VROOM Representative: _____

Date: _____