

## STENO MACHINE RENTAL APPLICATION

APPLICANT INFORMATION						
Name:	E-mail:					
Date of birth:		SSN:		Phone:		
Current address:						
City:		State:		ZIP Code:		
APPLICANT EMPLOYMENT INFORMATION (IF A				ANY)	ANY)	
Current employer:						
Employer address:				How long?		
Phone:	E-mail:			Fax:		
City:		State:		ZIP Code:		
Position: Hourly Salary				Annual income	Annual income:	
APPLICANT 3 PERSONAL REFERENCES (NOT RESIDING WITH YOU)						
Name: Relationship: Years Known:						
Address:				Phone:	Phone:	
City: State:				ZIP Code:	ZIP Code:	
Name: Relationship:				Years Known:		
Address:				Phone:	Phone:	
City: State:			ZIP Code:			
Name: Relationship: Years Known:						
Address:				Phone:		
City: State:			State: ZIP Code:			
CO-APPLICANT INFORMATION						
Name:						
Date of birth:		SSN:		Phone:		
Current address:						
City: State:				ZIP Code:		
CO-APPLICANT EMPLOYMENT INFORMATION						
Current employer:						
Employer address:			How long?			
Phone:	Phone: E-mail:				Fax:	
City:			State:		ZIP Code:	
Position:		Hourly	Salary	Annual income	:	
EQUIPMENT						
Which steno machine are you looking to rent:						
* 6 Months Minimum on rentals then month to month.						
Please note once equipment is returned there will be a fee of \$ 75.00 for check-in and cleaning						
I authorize Acculaw, Inc. to verify the information provided on this form as to my credit, personal references and						
employment history.						
Signature of applicant					Date	
Signature of co-applicant					Date	