

LEASEBACK OWNER APPLICATION

Fax to 888-588-4439

NAME: _____

Spouse: _____

Address: _____

City: _____ State _____ Zip code _____

Camper Year _____ Make _____ Model _____

Condition _____

Sleeps Adults _____ Sleeps Children _____ On board Generator _____

Camper Length/Ft _____ #Slide Outs _____ AC _____ Fridge _____ Bathroom _____

Holding Tank Gallons Fresh _____ Black _____ Grey _____

Video Equipment: TV _____ DVD Player _____ VCR _____

Algerians: Mildew _____ Smoker _____ Pets _____ Musty- _____

E-Mail Address1 _____

E-Mail Address 2 _____

Phone # _____ Fax # _____ Cell# _____

Other Contact Info: _____

Family Contact: _____

Social Security # _____ - _____ - _____ FIEN TAX# _____ - _____ for 1099-

E mail us 6 digital photos of your camper interior and 1 exterior pictures. Let us know if you need us to come over and take some photos for you 920-756-2494