



Express Furniture Rental
 (800) 933-3689 Toll Free Phone (800) 537-0747 Toll Free Fax
Commercial Credit Application

Sole Proprietor Partnership Corporation Have been in business for _____ years.

Company Name	Nature of Business

Address	Phone Number

Parent Company	Phone Number

Address

Billing Address	DUNNS #

Attention Name:	Fed ID#

Street Address	Your Fax #

Company Officers

Name	Title

Name	Title

Trade References

Company Name	Phone Number

Contact	Account Number

Company Name	Phone Number

Contact	Account Number

Company Name	Phone Number

Contact	Account Number

Bank References

Bank	Branch	Account #

Contact	Phone Number

I, as a certified officer or authorized representative, am empowered to act on behalf of the above referenced company. I certify that the information contained in this application is true, correct, and complete. I authorize you to check my company's credit, and to verify any of the information I have provided. I understand that the rental lease with you will not become effective until the approval of this application.

Signature _____ Date _____

Printed name _____ Title _____