

**Custom Furniture Rental
COMPANY STATEMENT**

BUSINESS NAME:

ADDRESS:

PHONE #:

HOW LONG IN BUSINESS:

PREVIOUS ADDRESS:

YEARS HERE:

ADDRESS WHERE FURNITURE IS TO BE DELIVERED:

NAME OF APARTMENT COMPLEX:

PHONE #:

NAME OF PERSON USING FURNITURE:

OWNERSHIP: SOLE OWNER PARTNERSHIP CORPORATION

NAME OF PRINCIPLES

TITLE

HOME ADDRESS

PRIMARY BANK

ACCT#

NAME OF BANK OFFICER

PHONE#

OTHER BANKS DEALT WITH:

NAME:

ADDRESS:

NAME:

ADDRESS:

CREDIT REFERENCES

NAME

ADDRESS

WHO REFERRED YOU TO US?

X

AUTHORIZED SIGNATURE

THANK YOU FOR YOUR BUSINESS!

