

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