

EXECUTIVE FURNITURE LEASING
Business Credit Application

Name of Business _____

Address _____

City _____ State _____ Zip _____ Phone _____

Corporation _____ Partnership _____ Sole Proprietor _____

Contact Name _____ Title _____

Phone _____ Fax _____

Years in Business _____ Federal Tax ID or SSN _____

Type of Business _____

Trade References:

Name _____ Phone _____ How Long? _____

Address _____ Contact _____

Name _____ Phone _____ How Long? _____

Address _____ Contact _____

We authorize Executive Furniture Leasing to inquire as to our credit information. We understand that credit privileges can be granted and may be withdrawn at any time.

Authorized Signature _____ Title _____

Date _____