



EXECUTIVE FURNITURE LEASING CREDIT APPLICATION - BUSINESS

Company Information

Name of Business _____ DBA _____
Physical Address _____
City _____ State _____ Zip _____ Phone _____
Mailing Address if different: _____
City _____ State _____ Zip _____
Corporation _____ Partnership _____ Sole Proprietor _____
Contact Name _____ Title _____
Phone _____ Fax _____
Email: _____

Accounts Payable

Contact Name: _____ E-Mail _____
Phone: _____ Fax _____
Purchase order required? _____ Mail Code? _____
Years in Business _____ Federal Tax ID or SSN _____
Type of Business _____

Preferred Payment Method for Rent and/or Extra Fees: Check Credit Card

Bank References:

Bank Name _____ Type of Account _____
Branch Address _____
Contact _____ Phone Number _____

Trade References: (You can attach a separate sheet with a list of references)

Name _____ Phone _____ How Long? _____
Address _____ Contact _____

Name _____ Phone _____ How Long? _____
Address _____ Contact _____

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 We understand that credit privileges can be granted and may be withdrawn at any time.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 _____



EXECUTIVE FURNITURE LEASING CREDIT CARD - BUSINESS

A major credit card is required in order to secure your apartment. You may elect to pay directly with a credit card. If an invoice balance remains unpaid after the 5th of each month you hereby grant permission for Corporate Accommodations to charge your credit card for any unpaid invoices without advance notice. By signing this authorization you are electing to pay rents, long distance charges, equipment charges, cleaning fees and any other charges incurred during the stay by credit card and authorize Corporate Accommodations to charge your card accordingly. A copy of your invoice will be mailed to you.

Credit Cards: **Visa Master Card Discover AMEX**

Exact Name on Card _____

Account Number _____ Expiration Date _____

CID #: _____ (last 3 digits on back of the card or 4 on front of Amex)

Billing Address of Card _____

City _____ State _____ Zip Code _____

Signature _____ **Date** _____