



EZ Furniture Rental

Business Rental Application

Business Information			
Business Name:			
Business Address:			
City:	State:	ZIP Code:	
E-mail:			
Business start date:	FEID#:	Phone:	
Bus. Type (Circle one) LLC Corporation Partnership Proprietorship			
Delivery address:			
Apartment Community:			
City:	State:	ZIP Code:	
Requested Delivery Date:	Requested Lease Length:		
Additional Notes:			
Accounts Payable			
Payables Contact:		Title:	
Phone:		E-Mail:	
How did you hear about us?			
Apartment Community Referral	Employer Referral	Personal Referral	Website
Flyer	Rental Guide	Craigslist	
Other:			
I authorize the verification of the information provided on this form as to my credit and employment. I authorize EZ Furniture Rental to contact my emergency contact as necessary. I hereby certify that I am eighteen years of age or older. I have received a copy of this application.			
Printed Name:			
Signature of applicant:			Date: