



COMMERCIAL CREDIT APPLICATION

Business Name: _____

Street Address: _____

City: _____ Zip: _____
State: _____

Phone Number: () _____ - _____ Fax Number: () _____ - _____

E-mail: _____

Business Type: Proprietorship Corporation Partnership

Prior Business Address (if applicable):

Street Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact:

Contact Name: _____ Title: _____

Phone Number: () _____ - _____

Bank Name: _____ Location: _____

Tax Exempt Number: _____

Account Number: _____

Phone Number: () _____ - _____ Fax Number: () _____ - _____

Deliver Furniture To Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Trade References (minimum of 3 are required to process application):

Vendor, Name, City, State & Phone Number

1. _____
2. _____
3. _____

I hereby represent that I am authorized on behalf of the client named above and that the information provided is for the purpose of obtaining credit and is warranted to be true. I hereby authorize McGuire Furniture Rental, Inc. to investigate the references listed pertaining to credit and financial responsibility. I hereby certify that any false representatives of said information are grounds for McGuire Furniture Rental, Inc. to cancel this application. I acknowledge and agree that the Rental Agreement will not become effective until this information is verified and approved.

Signature: _____ Date: _____ - _____ - _____

McGuire Furniture Rental & Sales

650 Fee Fee Road

314-997-4501

St. Louis, MO 63043

info@mcguirefurniturerental.com

Phone: 314-997-4500

Fax:

Email: