ASTRA FURNITURE
RENTAL & SALES

Business Application

Company Name:_____

Physical Address:_____

City/State/Zip:_____

Mailing Address:_____

City/State/Zip:_____

Phone:_____ Accounting Email:_____

Accounting Contact:_____

Your Name & TItle:_____

BANK REFERENCE----------

Bank Name:_____ Phone:_____

Location:_____

Bank Official:_____

TRADE REFERENCE----------

Name:_____ Phone:_____

Location:_____

Name:_____ Phone:_____

Location:_____

Name:_____ Phone:_____

Location:_____