ASTRA FURNITURE
RENTAL & SALES

RENTAL CREDIT APPLICATION

Renters Name:_____ Requested Delivery Date:_____

DL/SSN or Passport #:_____ Lease Length:_____
(please circle which one)

Date of Birth:_____ Name of Employer:_____

Preferred Phone Number:_____ Employer Phone:_____

Preferred Email Address: _____ Supervisor Name:_____

Delivery Address: _____ Apartment Community: _____

Apartment #:_____ Property Office Phone:_____

City/State/Zip: _____ Is lease in your name: YES NO

Billing Address:_____ Previous Address:_____

City/State/Zip: _____ City/State/Zip: _____

EMERGENCY CONTACT/REFERENCE----------

Name:_____ Address:_____

Phone #:_____ City/State/Zip: _____

HOW DID YOU HEAR ABOUT US----------

____Internet Search ____Friend ____Rental Guide Other:_____

____Apartment Community:_____

The information included in this application has been submitted for the purpose of leasing furniture and/or other merchandise from Astra Furniture. I hereby certify that I am eighteen years of age or older. I hereby certify that everything stated on this application is true and correct and I understand that falsifying information is ground for refusal of services by Astra. I hereby certify that the rental agreement will not become effective until this application is approved and the lease agreement has been signed. I hereby give Astra authorization to check my credit history and employent history with the information I have provided.

Applicant Signature:_____ Date:_____ 8/24