



**Signature Furniture Rental  
Individual Credit Application**

*Phone (858) 550-8009 Fax (858)550-8005*

**Identification:**

First Name		Last Name	
Date of Birth		Social Security #	
Cell #		Home #	
Drivers Licence#:	State	Expiration Date	

**Delivery Address:**

Street Address	Apt./Unit#	Complex Name	
City	State	Zip	

**Billing/Permanent Address:**

Street Address	Apt./Unit#	Complex Name	
City	State	Zip	

**Employment:**

Company			
Street Address			
City	State	Zip	
Phone	Years on Job	Monthly Gross Salary	
Supervisor's Name		Supervisor's Ext	
Position/Occupation			

**Credit:**

Bank	Branch	Account #	
Credit Card Type	Account #	Exp Date	

**References:**

Name	Relationship	Phone #	
Street Address			
City	State	Zip	

**Signature/Release**

Everything I have stated on this information sheet is correct. I understand that you will retain this sheet whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. In the event that my account becomes past due, I specifically authorize you to charge all amounts due to any major credit card that I have listed. I understand that my rental lease will not become effective until your approval of my credit. Prices are subject to change. All pricing is based on a three month minimum and does not include sales tax or optional damage waiver.

Signature		Date	
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