

**FURNITURE SERVICES INC.**  
**Corporate Account Application**

FSI Rental     ACRS     Interior Design     Floor Source

**SECTION I - CUSTOMER INFORMATION**

Customer Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
*Area Code Area Code*  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
*Address City State Zip Code*  
County \_\_\_\_\_ Local Sales Tax \_\_\_\_\_ % Tax I.D. Number \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Corporate Officers \_\_\_\_\_

**SECTION II - BILLING INFORMATION**

Address \_\_\_\_\_  
*Billing Address City State Zip Code*  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
*Area Code Area Code*  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**SECTION III - MANAGEMENT COMPANY INFORMATION**

Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
*Address City State Zip Code*  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
*Area Code Area Code*  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_

**SECTION IV - CREDIT INFORMATION**

Dun and Bradstreet Account Number \_\_\_\_\_

1. \_\_\_\_\_  
Banking Institution Name Account Number

2. \_\_\_\_\_  
Trade Reference Name Type of Business Area Code Phone Number

3. \_\_\_\_\_  
Trade Reference Name Type of Business Area Code Phone Number

4. \_\_\_\_\_  
Trade Reference Name Type of Business Area Code Phone Number

In connection with this application, I hereby agree to allow Furniture Services, Inc to investigate my credit with credit reporting agencies. If a credit report is ordered, Furniture Services, Inc agrees to disclose the name and address of the credit-reporting agency upon my written request.

Signature \_\_\_\_\_, As Agent For \_\_\_\_\_

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FURNITURE SERVICES, INC.**  
**LEASING GUIDELINES**

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**Lease Requirements**

1. Approved rental application
  - \* Credit approval in accordance with Company policy.
  - \* **Proof of Income (i.e. current paystub including applicant's name and SSN)**
2. Minimum Lease term is (3) three months.  
(If the Lessee does not need the items on the Lease Agreement for the full (3) three months but is willing to pay for the full (3) three months, that is acceptable.)
3. Minimum monthly rent amount of \$50.00
4. **Lessee must request furniture to be picked up at least seven business days in advance.**

**Fees Due Prior To Delivery**

1. Delivery Fee (In-Town = \$75.00 / Out-of-Town = \$90.00)
2. Pro-rated rent for remainder of current month.
3. If acceptable proof of renter's insurance is not provided, Furniture Services, Inc. will charge a monthly waiver fee equal to 7% of the monthly rent.
4. Refundable security deposit equal to one month's rent. The deposit can be refunded after completion of the Lease Agreement and after all leased property has been picked up and inspected.

**Payment**

Furniture Services, Inc. accepts the following forms of payment: Cash, Check, Money Order, Credit Card: MasterCard, Visa, American Express, Discover.

Monthly rental invoices are mailed/emailed from Furniture Services, Inc. to the customer at the beginning of each month and are due by the 20<sup>th</sup> of each month. (For example: March rent would be due on March 20<sup>th</sup>). Failure to pay by the 20<sup>th</sup> of each month results in a \$25.00 late fee. Paying by credit card will guarantee no late fees.

**Service Orders**

If a delivery, pickup and/or service order are scheduled and Furniture Services Inc. arrives to complete the work but is unable to due to circumstances caused by a person and/or persons other than said company, a service order fee will charged to the lessee. If Furniture Services, Inc. has correctly delivered all items on the original Lease Agreement and they are in good working order, any service orders completed at the request of a customer to add, delete or switch out items will be charged a service fee. The service order rates are as follows:

1. In-Town, \$50.00 per service order
2. Out-of-Town, \$75.00 per service order.

**Moving Leased Property from One Address to Another**

The Lessee is prohibited from moving any property that is owned by Furniture Services, Inc. from the original address that is listed on the Lease Agreement. If the property that is owned by Furniture Services, Inc. must be moved, the Lessee must contact Furniture Services, Inc. A fee of \$30.00 per hour / per Furniture Services, Inc. worker will be assessed for moving the property that is owned by Furniture Services, Inc. Furniture Services, Inc. employees WILL NOT move any property that is not owned by Furniture Services, Inc. Moving property that is owned by Furniture Services, Inc. from one address to another without the written approval of Furniture Services, Inc. will result in a loss of the security deposit.

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Furniture Services, Inc. Representative

\_\_\_\_\_  
Date

CURRENT PROPERTY OR MANAGERS E-MAIL ADDRESS: \_\_\_\_\_

**FURNITURE SERVICES, INC.**  
**DAMAGE WAIVER AGREEMENT**

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Lessee \_\_\_\_\_

Lease Number \_\_\_\_\_ Lease Date \_\_\_\_\_

Lessee **agrees** to pay a damage waiver fee equal to seven percent (7%) of the monthly rent that is stated on page one (1) of the lease. The waiver fee is to be included and is due with the Lessee's monthly rental payment. The damage waiver relieves the Lessee from having responsibility for damage, destruction or loss of the personal property covered by the Lease Agreement due to fire, wind, and flooding or other acts of God. This excludes theft, negligence, and damage or destruction beyond normal wear and tear.

All other Lease terms shall remain in force as contained in the original Lease, which provisions are incorporated herein by reference.

\_\_\_\_\_  
Lessee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Lessor \_\_\_\_\_ Date \_\_\_\_\_

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Lessee chooses to **decline** the damage waiver agreement option. Lessee has provided satisfactory evidence of insurance pursuant to paragraph eight (8) of the Lease Agreement.

\_\_\_\_\_  
Lessee \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Lessor \_\_\_\_\_ Date \_\_\_\_\_

**FURNITURE SERVICES, INC.**  
**CREDIT CARD AUTHORIZATION**

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I, \_\_\_\_\_ AUTHORIZE FURNITURE SERVICES, INC. d/b/a ACRS TO VERIFY FUNDS AND CHARGE ANY AGREED UPON CHARGES TO MY ACCOUNT LISTED BELOW.

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CVV CODE: \_\_\_\_\_

TYPE OF CREDIT CARD:

- AMERICAN EXPRESS     MASTER CARD     VISA     DISCOVER     DINERS CLUB

I WISH TO PAY BY CREDIT CARD EACH MONTH-CARD WOULD AUTOMATICALLY BE CHARGED ON THE 5<sup>TH</sup> OF EVERY MONTH

I WISH TO USE THIS CARD ONLY FOR INITIAL PAYMENT & THEN PAY BY CHECK-CARD WILL BE CHARGED FIRST BUSINESS DAY PRIOR TO DELIVERY

**PLEASE PROVIDE A CURRENT EMAIL ADDRESS**

EMAIL ADDRESS: \_\_\_\_\_

CARDHOLDERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

