

FURNITURE SERVICES, INC.
RENTAL APPLICATION

SECTION I - PERSONAL INFORMATION

| | | | |
|-------------------------|--------------------------------|-------------------------|---------------|
| Applicant's Name | | Social Security # | |
| | | | |
| Present Street Address | | City / State / Zip Code | How Long? |
| | | | |
| Home Telephone Number | Drivers License Number / State | | Date of Birth |
| | | | |
| Previous Street Address | | City / State / Zip Code | How Long? |
| | | | |

SECTION II - EMPLOYMENT INFORMATION

| | | | |
|----------------|---------------|----------------------------|--|
| Employers Name | | Employers Telephone Number | |
| | | | |
| Date of Hire | Position Held | Annual Gross Income | |
| | | | |

SECTION III - PERSONAL REFERENCES *(We need a minimum of 3 and 2 must be relatives)*

| Name | Relationship | Address | Telephone Number |
|------|--------------|---------|------------------|
| | | | |
| | | | |
| | | | |

SECTION IV - OTHER INFORMATION

How did you hear about Furniture Services, Inc.? *(Please circle one)*

- 1) Apartment Finder 3) Friend 5) Apartment Community _____
 2) Apartment Guide 4) Yellow Pages 6) Other _____
(If So, Please Tell Us Which One)

I certify that the information supplied by me on this application is accurate and to the best of my knowledge. I authorize verification of the truthfulness of all information contained herein, including contact with any person or firms listed above and agree to release all parties from any liability or damage that may result. 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. I understand that any false statement made above may result in Furniture Services, Inc. deciding not to rent to me at this time.

APPLICANT SIGNATURE

DATE

FURNITURE SERVICES, INC.
LEASING GUIDELINES

Lease Requirements

1. Approved rental application
 - *Credit approval in accordance with Company policy.
 - *Proof of Income (i.e. current pay stub 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

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 that is 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, MasterCard, Visa, American Express, and Discover Card.

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

Service Orders

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 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

Furniture Services, Inc. Representative

Date

FURNITURE SERVICES, INC.
DAMAGE WAIVER AGREEMENT

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.

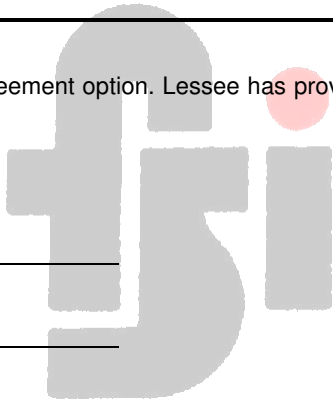
Lessee _____ Date _____

Lessor _____ Date _____

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

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: _____

(PLEASE INCLUDE LAST THREE DIGITS FROM BACK OF CARD FOR VISA/MC, OR FOUR FROM FRONT FOR AMEX) _____

TYPE OF CREDIT CARD: AMERICAN EXPRESS MASTER CARD VISA DISCOVER DINERS CLUB

I WISH TO PAY BY CREDIT CARD EACH MONTH

I WISH TO USE THIS CARD ONLY FOR INITIAL PAYMENT & THEN PAY BY CHECK

CARDHOLDERS SIGNATURE: _____

DATE: _____

