COMMERCIAL RENTAL APPLICATION "QUICK APPROVAL"

All delivery dates are tentative pending credit approval.

Type of Business (check one) Corporation Proprietorship	Partnership How long have you		And the Control of th	
INSTRUCTIONS (Please print or type all information) Corporation: Complete Section 1 (if inc				
Guarantor must complete Section 2). Proprietorship & Partnership: Complete Section 1 and Se	**************************************	Required in Addit	tion to This Application	
Name of Business: The Law Firm of Puckett & Faraj, PC	Dunn & Bradstreet Number:			
CA19-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Phone Number: 202-379-2829			
DBA (if different):	Fax Number: 202-318-7652	arai aam		
Prior Company Name (if changed within 1 year):	Email Address: neal@puckettf		00044	
Local Address: Street: 2181 Jamieson Ave, STE 1505	City: Alexandria	State: VA	Zip:_22314	
Principal Address: Street_Same	City:	State:	Zip:	
Nature of Business: Legal Services	If Incorporated: State: VA		Year: 2008	
Corporate Officers: President:	V.P.:			
If Partnership, Principal Partner (1): Neal A. Puckett	Partner (2): Haytham Faraj			
Bank Name: Chevy Chase Bank	Branch Location: Old Town	Contact	Renada/Meela	
Phone #: 703-838-2892	Account #:_7834300750			
Landlord: Carr Partners - Maria Perry, Sr Property Manager	Phone #: 571-384-2083	Contact	Maria	
of this data is grounds for CORT Furniture refusing to enter into Rental Agree not become effective until this rental application has been approved by CORT behalf of said company or organization. I hereby authorize any and all credit prior to the date of the contract. Signature: Title: Director	. I am an authorized representative of	the above nam	ed company, to act in	
SECTION 2 (To be completed by Sole Proprietor, Partner, or Guarantor, as ap	plicable - see instructions above)			
Full Legal Name:				
Home Address: Street:	City:	_State:	Zip:	
Home Phone #:	email address:			
You will receive an email to finish the application. Please no	tify your sales person when yo	u have com	pleted.	
I (name of signe				
	any) hereinafter referred to as "the con			
	rsonally guarantee to CORT the payme			
which may become due in accordance with the terms and conditions of CORT I understand that this guaranty shall continue and be irrevocable until all the and all fees paid, or until I receive written release from this guaranty from CO	's Rental Agreement, whenever the con furniture included in the Rental Agreem	mpany shall fai	I to pay same.	
Signature:	Print Name:			
CDED	IT CARD AUTOMATIC P	AV DI ANI		
	please call our office with		edit card numbe	ar
☐ Automatic Debit ☐ American Expres Name As It Appears On Card/Account: N €	S OVISA I	□ Mastero		Discover
Last 4 digits of the credit card # 1006 Exp	piration Date 0810	- 0/	20 040	0070
Phone number for contact if we need to obtain y	our security code from the	card 2	02-340	-0070
Customer number:	N TO OUADOT 187 CHA	205 400	OLINIT	
I (we) hereby authorize CORT Aurniture Ro	N TO CHARGE MY CHAF ental to charge to my (our) ing to my (our) furniture re and effective until CORT	credit ca	rd indicated abo	
Signature			Date 5	75/200
Olgriature			Date	25/20.0



Please Fill Out Completely.