



# Corporate Rental Information Form

PO Box 3798 Lawrence, KS 66046  
Phone 785-842-8505 lawrence@shoptriad.com

## ACCOUNT INFORMATION

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

## TENANT/USER CONTACT

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## BILLING and PAYMENT INFORMATION

W9 Required  Sales Tax Exempt (Documentation Required)  
 Automatically Charge Card on the Monthly Renewal Date  
 Automatically Debit Bank Account Via ACH on the Monthly Renewal Date  
Card Number: *Submit payment info by phone* \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Authorized Signer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## FINANCIAL INSTITUTION FOR ACH DEBIT Select One ( Bank - S&L - Credit Union)

Name of Bank: *Submit payment info by phone* \_\_\_\_\_ Bank Acct #: \_\_\_\_\_  
 Personal Checking  Personal Savings  
 Business Checking  Business Savings  
Bank Routing Number: \_\_\_\_\_ *Authorization form will be provided.*

## DELIVERY INFORMATION

Delivery Address: Unit/Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Property Manager Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_