

E. V. BISHOFF COMPANY
Corporate Lease Application

PLEASE TYPE OR PRINT CLEARLY

Corporate Name _____

dba _____

Address _____ City _____ State _____ Zip _____

Contact person _____ Title _____

(_____) _____ (_____) _____
Area Code and Telephone Area Code and Fax Number

Proprietorship _____ Partnership _____ SCorporation _____ Regular Corporation _____

State of Incorporation _____ Date of Incorporation _____

Number of Years in Business _____ EIN No. _____

List of Officers or Principals (including residential address, city, state, zip)

Name _____ Address _____ SSN _____

Name _____ Address _____ SSN _____

Name _____ Address _____ SSN _____

References (List bank(s). Previous bank *required* if applicant has been at present bank less than two years). *The lease payments will be made through automatic withdrawals from Lessee's bank account through Lessor's EZ Pay Plan.*

Bank _____ Branch (if applicable) _____

Address _____ City _____ State _____ Zip _____

Name of Bank Officer _____ Title _____

Checking Acct. No. _____ Savings Acct. No. _____

Authorized Signer of Checks _____ Title _____

