

RHOL Membership Application and Agreement For Tenant Screening Service

SOLE OWNER/INDIVIDUAL

Contact Name/Owner _____

Account Name _____

Current Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-mail _____

Social Security number of Owner/Contact _____ - _____ - _____

Number of Years in Rental Business/Landlord _____

GENERAL INFORMATION

Indicate the specific purpose for which credit information will be used: _____

Number of Rental Units _____ Estimated Monthly Inquiries _____

Please list all authorized users: _____

REFERENCE:

Name of Bank _____ Branch _____

Account _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

I certify that the above information is accurate and give Rental Housing On Line (RHOL) permission to verify all references:

Signature _____ Date _____

Type or Print Name and Title _____

You must include a signed copy of a RHOL SERVICE AGREEMENT with your application

Mail to: RHOL, 1726 Tenth Avenue, Port Huron, MI 48060