

RHOL Business Membership Application and Agreement For Tenant Screening Service

Company Name _____ Address _____

City _____ State _____ Zip _____

BILLING ADDRESS (If different)

Company Name _____ Address _____

City _____ State _____ Zip _____

Name of principal _____ Title _____ Social Security Number _____

Years in business _____ Federal Tax ID # _____

Business License or State Registration number _____

Name of Subsidiary/Parent/Affiliated Co. _____

Address _____ City _____ State _____ Zip _____

GENERAL INFORMATION

Indicate the specific business purpose for which credit information will be used: (ie: tenant screening)

Number of Rental Units _____ Estimated Monthly Inquiries _____

Please list all authorized users: _____

REFERENCES

Name of Bank _____ Branch _____

Checking Account # _____ Phone # (_____) _____

Street Address _____ City _____ St. _____ Zip _____

Business Reference:

Company _____ Street _____ City _____ St _____ Zip _____

Account # _____ Phone # _____ Contact Person _____

Company _____ Street _____ City _____ St _____ Zip _____

Account # _____ Phone # _____ Contact Person _____

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

Signature X _____ 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