

TENANT INQUIRY

TENANT SCREENING

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

TenantInquiry

COMPANY:

DATE:

TenantInquiry

FAX NUMBER:

TOTAL NO. OF PAGES, INCLUDING COVER:

1-877-298-0528

PHONE NUMBER:

SENDER'S PHONE NUMBER (REQUIRED):

1-407-568-8222

*

*

RE:

METHOD OF PAYMENT (PLEASE CIRCLE)

Tenant Screening

Pay Pal / Credit Card - On File YES NO

CREDIT REPORT (NEXT DAY)

CREDIT REPORT CARD

CREDIT REPORT "RUSH"

NUMBER OF PERSONS TO BE SCREENED:

1

2

3

4

OTHER

PLEASE SPECIFY APPLICANT IF YOU ARE NOT RUNNING A REPORT FOR ALL PERSONS ON THE APPLICATION.

1) _____ 2) _____

PLEASE BE SURE THE APPLICANT INFORMATION IS CLEAR AND ALL INFORMATION IS PROVIDED: FULL NAME, CURRENT ADDRESS, SOCIAL SECURITY NUMBER AND DATE OF BIRTH (IF CRIMINAL BACKGROUND IS REQUESTED).

BY SUBMITTING THIS APPLICATION FOR TENANT SCREENING, I UNDERSTAND THAT I AM UTILIZING THIS SERVICE ONLY FOR SCREENING A POTENTIAL TENANT. IF I AM FOUND UTILIZING THIS SERVICE FOR ANY OTHER PURPOSE, I WILL FORGET ANY FUNDS AND WILL BE RESTRICTED FROM FUTURE USE.

NAME(PRINT)

SIGNATURE

DATE
