



The service that you are requesting is a consumer report regulated under the Fair Credit Reporting Act and accessible only with a verified permissible purpose.

The completion of this application does not automatically establish an account with Twin City Tenant Check, Inc. A thorough vetting process will be performed before consumer reports can be processed.

**APPLICANT INFORMATION**

Applicant FULL Legal Name (Last, First and Middle)      Date Of Birth      Social Security Number

Business Name      Title Of Signer

Business Mailing Address      City      State      Zip Code

Business / Home Office Address (Not a PO Box)      City      State      Zip Code

Home Number      Work Number      Fax Number      Cell Phone Number

Email Address      Web Site Address

**BUSINESS INFORMATION**

Type Of Business : ( Circle One ) Sole Proprietor / Partnership / LLC / Corporation / Non-Profit

Principal Of Company      How Long In Business?

List Additional Authorized Users For This Account

Full Name      Title      Phone Number

Full Name      Title      Phone Number

**ADDITIONAL INFORMATION**

Are Any Of Your Business Records, Including The Consumer Reports You Are Requesting With This Application, Going To Be Stored In A Location Other Than A Commercial Facility?      Yes      No

If Yes, Please Explain : \_\_\_\_\_

Do You Keep Business Records And Sensitive Client Information In A Locked File Cabinet?      Yes      No

Do You Properly Dispose Of Sensitive Client Information (i.e., Shred)?      Yes      No

If Utilizing A Fax Machine To Receive Completed Reports, Please Select Fax Type / Location :

Home   /   Work   /   Private   /   Shared   /   Internet Based   /   Email Based

Permissible Purpose : ( Circle All That Apply )

Housing Rental   /   Rent To Own   /   Commercial Rental   /   Pre-Employment   /   Volunteer

For The Permissible Purpose(s) Selected, Are You Required To Hold A Business License?      Yes      No

\_\_\_\_\_  
Type Of License

\_\_\_\_\_  
Issuing Agency

\_\_\_\_\_  
License Number

Based On Our List Of Services, Which Service(s) Are You Requesting At This Time? (See Price List)

How Would You Like To Receive Your Report?    Online   /   Fax   /   Hard Copy Mailed (Add'l. Fee)

**RELEASE AND AGREEMENT**

I understand and agree that should Twin City Tenant Check, Inc. accept this application I will utilize my account only for the permissible purpose(s) stated herein. I hereby authorize Twin City Tenant Check, Inc. to obtain any and all information available from any organization when considering this application for service. This may include, but is not limited to, consumer credit reports and public records held by government agencies. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application and/or cancellation of service.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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