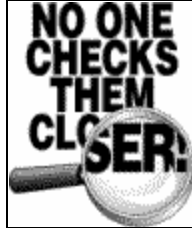


# Rental Services, Inc.

(303) 420-1212 (800) 628-6414 FAX (303) 420-1477 FAX (800) 296-9902

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## Applicant Screening Request

### Administrative Information

This information is required to process this application.

Rental Services Customer: \_\_\_\_\_  
Rental Property Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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### Commercial Screening Request Form

Please print clearly. All fields must be completed.

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Persons who will sign lease:  
Person 1: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Person 2: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Is your Business a corporation, LLC or other entity? Yes[ ] No[ ]  
If yes, what form of business entity?: \_\_\_\_\_ DUNS #: \_\_\_\_\_  
Names of Person(s) who will Guarantee Lease:  
Person 1: \_\_\_\_\_ Person 2: \_\_\_\_\_

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**Please Complete Page 2**



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Registered Agent Name: \_\_\_\_\_

Address of Registered Agent: \_\_\_\_\_

Credit References

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Bank Information

Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account #: \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account #: \_\_\_\_\_ City/State: \_\_\_\_\_

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**Please Complete Page 3**

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## Authorization of Release

To Whom It May Concern:

I hereby allow Rental Services, Inc. to review and investigate the accuracy of the information contained in the application and/ or run a credit and criminal history check. I am aware that they may ask several questions regarding my background and I give them my permission to do so.

Please be advised that I, \_\_\_\_\_, authorize release of information to Rental Services, Inc., your prompt response to any/ all questions is greatly appreciated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_