Credit Verification Services
Application for Tenant Screening Services

9959 Gravois, Rd., Suite B
St. Louis, MO 63123
314.772.4500 (Phone)
314.772.4100 (Fax)

Contact Person's Name and Title _____

Organization's Name _____

Phone #: (____)_____ Fax #: (____)_____ Day-time #: (____)_____

Your Address: _____
(Street) (City, State) (Zip)

Billing Address: _____
(Street) (City, State) (Zip)

e-mail Address: _____

Property Owned/Managed Information (Please attach separate sheet if more property information is being supplied)

Address of Property to be Screened by CVS	# Units	Yr Purchased

Type of screening that will <u>usually</u> be requested (this will be the default if no choice is selected on tenant application)
□ Full Screening (credit report and background verifications of employment and landlords) □ Will vary
□ Credit Report Only □ Background verifications only □ MO criminal records checks

How did you learn of our services? □ Yellow Pages □ Business White Pages □ Direct CVS contact
□ Internet □ Other _____

Your Social Security # (for individuals): _____ - _____ - _____

Your EIN # (for corporations): _____ State issued: _____

Method of payment: □ Check □Credit Card □Visa □MasterCard □Discover
NOTE: CREDIT CARD INFO IS REQUIRED. If paying by check, payment must be received before 15th day of billing month. If not received, credit card will be processed on 16th day of billing month.
Credit card #: _____ - _____ - _____ - _____ Expiration Date: _____

Name of bank payment checks will be drawn upon: _____

Account # _____ Main branch phone #: _____

Permission is granted to verify all credit and property information. In signing this application, the undersigned states that the above information is warranted to be true and hereby authorizes Credit Verification Services (CVS) to investigate the statements or other data obtained pertaining to credit or finanacial responsibility and ownership/management of properties to be screened. You, the applicant, have a right to request in writing a complete disclosure of the nature and scope of the investigation. Your request should be addressed to Management and must be made within thirty days of the date of the application submitted.

_____ _____
Client Signature Client Signature

Date Submitted