



Tenant Screening Membership

MEMBERSHIP APPLICATION

Page 1 of 2

Company Name: _____ Doing Business As: _____

Contact Name: _____ Title: _____

Company Main Phone _____ Fax No.: _____ Cell No.: _____

Email Address _____ Website: _____

Physical Address: _____
 Street City State County Zip

Billing Address (if different): _____
 Street/PO Box City State County Zip

Is the applicant engaged in the underwriting of insurance? Yes No

Is the company licensed or providing service as an attorney or detective/investigative agency? Yes No
 If yes, indicate which _____

Does the company intend to resell or release information from the consumer credit report to a third party? Yes No

Will the company, or does the company provide credit repair or credit counseling services for a fee? Yes No

Company Structure: _____ (sole proprietor, corporation, partnership, LLC)

Owner Name: _____ Title: _____

Resident Address: _____
 Street City State County Zip

Social Security No.: _____ Signature: _____

Owner Name: _____ Title: _____

Resident Address: _____
 Street City State County Zip

Social Security No.: _____ Signature: _____

COMPLETE FOR CORPORATIONS

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Federal Tax ID No.: _____

MEMBERSHIP APPLICATION

Page 2 of 2

PROPERTY OWNERS

TO COMPLY WITH THE FAIR CREDIT REPORTING ACT, PLEASE PROVIDE THE FOLLOWING
Address of properties you own that you will be screening for:

Address: _____ City: _____ State: _____ Zip: _____

Address: _____ City: _____ State: _____ Zip: _____

(List additional Properties on a Separate Sheet of Paper)

BUSINESS CREDIT REFERENCES (Provide three references)

1. Business Name: _____ Bus. Phone: _____

Contact Name: _____

Status: _____ Account Number: _____

2. Business Name: _____ Bus. Phone: _____

Contact Name: _____

Status: _____ Account Number: _____

3. Business Name: _____ Bus. Phone: _____

Contact Name: _____

Status: _____ Account Number: _____

With just cause, such as delinquency or violation of the terms of this contract or a legal requirement, or a material change in existing legal requirements which adversely affects this Agreement, Reseller may, upon its election, discontinue service the Subscriber and cancel this Agreement immediately.

I authorize and request LandlordSolutions, Inc. to charge my credit card or debit card the invoice amount should any one or more than one invoices become delinquent. This authorization will remain valid until 30 days after we receive written notice from you terminating our authority to charge your credit or debit card. We may terminate your service at any time in our sole and absolute discretion if any charge to your credit or debit card is declined or reversed, your credit or debit card expires and you have not provided us with a valid replacement credit or debit card or in case of any other non-payment of account charges. I realize this information will be used solely for the purpose of the consumer withdrawal.

The Client shall pay LandlordSolutions for services based on a statement system. If the Client fails to pay the charges within fifteen (15) days from the "Invoice Date" a late fee of \$75.00 may be charged on balances of \$200.00 or more; for balances less than \$200.00 a late fee of \$25.00 may be charged. A \$35.00 fee will be charged on all returned checks plus any late fees and interest. Past due balances shall bear interest at one and one-half percent (1.5%) per month until paid. The Client agrees to be responsible for all cost of suit, including reasonable attorney fees and court cost should LandlordSolutions be required to file suit on this agreement to collect any fees and cost owed. The prevailing party is entitled to recover reasonable attorney's fees and other cost incurred in connection with such action, arbitration or other proceeding (including, but not limited to, expenses and costs of investigation, witness fees and travel), in addition to any other relief to which the prevailing party may be entitled. LandlordSolutions reserves the right to change charges for any of its services with advance notice to the client by email, news letter or a posting on their website.

I certify that the information provided on this application is true. I understand by the signature below, that you have my permission to pull a personal credit report on owners of this company in connection with approval of this application. I give LandlordSolutions, Inc permission to request business checking account information on the above account as well as business credit account information as part of their membership due diligence process.

Signature: _____ Date: _____

Print Name: _____ Title: _____

THIS DOCUMENT MUST BE ON YOUR COMPANY LETTERHEAD

(TODAY'S date)

(Your contact information)

Jane Doe
123 ABC Street
Seattle WA 98109

LandlordSolutions, Inc.
2201 North 30th Street
Tacoma, WA 98403

RE: Letter of Intent

To Whom It May Concern:

I am a rental property **(your title)** and intend to use the consumer reports in connection with a tenant screening application. I anticipate using this service at a maximum of _____ times a month **(just an estimate, doesn't need to be an exact prediction)**. The information will be accessed _____ **(Locally, regionally or nationally) (usually this will be locally)**.

Sincerely,

(YOUR NAME)

(TITLE)

(BUSINESS NAME)

Account Terms

You must have an account established with LandlordSolutions prior to any services being performed. When establishing Open Account Terms with LandlordSolutions, we require a valid credit card or debit card be placed on file with us as a form of payment guarantee. If Open Account Terms are granted, you will be invoiced for services rendered. Invoices will be sent via email. Should any invoice become delinquent LandlordSolutions reserves the right to charge the invoice amount plus any late fees and finance charges to the credit card or debit card on file. If the credit card or debit card is declined for any reason a \$35.00 declined card fee may be charged. I authorize and request LandlordSolutions, Inc. to charge my credit card or debit card the invoice amount plus any late fees, finance charges and declined card fees should any one or more than one invoices become delinquent. This provision does not apply to disputed invoices. Because all transactions are conducted electronically, it is understood and agreed that the physical credit card or debit card need not be present with LandlordSolutions in order for the charge to the card to be valid and that the validity of such charge will not be challenged in this context. Further, it is understood and agreed that the person, firm or company to whom credit is granted is liable for payment of all invoices. A person, firm or company to whom credit is granted may have a third party pay an invoice

directly to LandlordSolutions. However, it is understood and agreed that LandlordSolutions has no relationship with such third parties and has no obligation to collect from them. Payment obligation rests solely with the person, firm or company to who credit was originally granted and that LandlordSolutions will hold that person, firm or company liable for payment of any invoice submitted to a third party for payment. LandlordSolutions reserves the right to restrict the credit of any customer for any reason.

I authorize and request LandlordSolutions, Inc. to charge my credit card or debit card the invoice amount plus any late fees and finance charges should any one or more than one invoices become delinquent. This authorization will remain valid until 30 days after we receive written notice from you terminating our authority to charge your credit or debit card. We may terminate your service at any time in our sole and absolute discretion if any charge to your credit or debit card is declined or reversed, your credit or debit card expires and you have not provided us with a valid replacement credit or debit card or in case of any other non-payment of account charges. I realize this information will be used solely for the purpose of the consumer withdrawal.

Credit Card or Debit Card

Visa M/C

Credit Card or Debit Card Number

Expiration Date

Print Name

Street

City

State

Zip Code

Signature

Date