



Tenant Screening Membership

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)

AGREEMENT FOR SERVICES

This agreement made this ____ day of _____, 200__, by and between LandlordSolutions, Inc., a Washington Corporation with its principal place of business at 2201 North 30th Street, Tacoma, WA 98403, and _____ corporation/owner with its principal place of business at _____, (Client). The nature of our business is _____.

PROVISION OF CREDIT INFORMATION

1. LandlordSolutions, Inc. (Reseller) has access to consumer reports from one or more consumer credit reporting agencies.
2. Client is a _____ and has permissible purpose for obtaining consumer reports, as defined Section 604 of the Federal Fair Credit Reporting Act (15 USC 1681b) as amended by the Consumer Credit Reporting Reform Act of 1996, hereinafter called "FCRA". The Client certifies their permissible purpose as:
 - In connection with a tenant screening application involving the consumer.
3. Client certifies that it will request consumer reports pursuant to procedures prescribed by LandlordSolutions from time to time only for the permissible purpose certified above, and will use the reports obtained for no other purpose.
4. Client will maintain copies of all written authorizations for a minimum of five (5) years from the date of inquiry.
5. THE FCRA PROVIDES THAT ANY PERSON WHO KNOWINGLY AND WILLFULLY OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED UNDER TITLE 18, OR IMPRISONED NOT MORE THAN TWO YEARS, OR BOTH.
6. The Client shall use each consumer report only for a one-time use and shall hold the report in strict confidence, and not to disclose it to any third parties; provided, however, that Client may, but is not required to, disclose the report to the subject of the report only in connection with an adverse action based on the report. Moreover, unless explicitly authorized in this Agreement or in a separate agreement between LandlordSolutions and Client, for scores obtained from Trans Union LLC, or as explicitly otherwise authorized in advance and in writing by Trans Union LLC through LandlordSolutions, Client shall not disclose to consumers or any third party, any nor all such scores provided under this Agreement, unless clearly required by law.
7. 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 ten percent (10%) will be charged. 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.
8. In no event shall LandlordSolutions be liable in any manner whatsoever for any loss or injury to Client resulting from the obtained or furnishing of such information; and further Client agrees to hold LandlordSolutions harmless and indemnify it from any and all claims, losses and damages arising out of alleged liability or failure of the Client to keep and perform and of its obligations described herein.
9. Client assumes responsibility for the final verification of the applicant's identity.
10. Client bases tenant placement decisions or any actions on the Client's lawful policies and procedures and recognize that LANDLORDSOLUTIONS' employees are not allowed to render any legal opinions regarding information contained in a consumer report.
11. Client certifies that reports will be requested only by Client's designated representatives and forbid employees from obtaining reports on themselves, associates or any other person except in the exercise of their official duties.

X _____
 Subscriber Authorized Signature Print Name Title Date

X _____
 LANDLORDSOLUTIONS Authorized Signature Title Date

MEMBERSHIP APPLICATION

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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

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PROPERTY OWNERS, INVESTORS OR AGENTS FOR 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)

MANAGEMENT COMPANIES, PROPERTY MANAGERS and ON-SITE MANAGERS

TO COMPLY WITH THE FAIR CREDIT REPORTING ACT, PLEASE PROVIDE THE FOLLOWING

Property Name: _____ Number of Units: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Other Related Properties: _____

(List additional properties on separate sheet of paper)

On Site Manager: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Special Instructions: _____

BANK INFORMATION

Name on Account: _____ Account Number: _____

Name of Bank: _____ Address: _____
Street City State Zip

Bank Phone Number: _____ Contact Name: _____

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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: _____

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.

I authorize and request LandlordSolutions, Inc. to charge my credit card or debit card the invoice amount should any one or more than one invoice become 30 days or more 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.

Signature: _____ Date: _____

Print Name: _____ Title: _____

DO NOT WRITE IN THIS AREA

For Bank and/or LandlordSolutions use ONLY

Date Account Opened: _____

Customer's nature of business: _____

Average daily balance: _____

Verified by: _____ Title: _____ Date: _____