

Membership Application

Company Name: _____ Doing Business As: _____

Contact Name: _____ Title: _____

Company Main Phone: _____ Answering Service ___Yes ___No

Fax #: _____ E-mail Address: _____

Physical Address: _____
Street City State County Zip

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

Nature of Business: _____ Date Established: _____

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

Number of Units Owned or Managed: _____

Complete for Sole Proprietor or Partnership (Circle which):

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____ Signature: _____

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____ Signature: _____

Complete for Corporation:

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Federal Tax ID #: _____

Membership Application (Continued)

Bank Information:

Name of Bank _____ Address _____

Bank Phone Number _____

Business Checking Account Information:

Name of Account _____ Account Number _____

Business References: (Provide three references)

1.) Business Name: _____ Bus. Phone _____

Contact Name: _____

2.) Business Name: _____ Bus. Phone _____

Contact Name: _____

3.) Business Name: _____ Bus. Phone _____

Contact Name: _____

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.

Signature: _____ Date: _____

Print Name: _____ Title: _____

PROOF OF OWNERSHIP

For Compliance Purposes, Trans Union (our credit provider) requires proof of ownership of residential units. This can be accomplished through such documents as:

1. Property Tax Bill
2. Deed
3. Proof/Certificate of Invoices
4. Business License.

Please Copy One (1) or More and Forward with completed Application:

By E-mail: tami@goodtenants.net

By Fax: 1-800-200-7005

By U.S. Mail: P.O. Box 420, Saco, ME 04072