



The service that you are requesting is a consumer report regulated under the Fair Credit Reporting Act and accessible only with a verified permissible purpose.

The completion of this application does not automatically establish an account with Twin City Tenant Check, Inc. A thorough vetting process will be performed before consumer reports can be processed.

#### APPLICANT INFORMATION

Applicant FULL Legal Name (Last, First and Middle)

Date Of Birth

Social Security Number

Business Name

Title Of Signer

Business Mailing Address

City

State

Zip Code

Business / Home Office Address (Not a PO Box)

City

State

Zip Code

Home Number

Work Number

Fax Number

Cell Phone Number

Email Address

Web Site Address

#### BUSINESS INFORMATION

Type Of Business : ( Circle One ) Sole Proprietor / Partnership / LLC / Corporation / Non-Profit

Principal Of Company

How Long In Business?

List Additional Authorized Users For This Account

Full Name

Title

Phone Number

Full Name

Title

Phone Number

## ADDITIONAL INFORMATION

Are Any Of Your Business Records, Including The Consumer Reports You Are Requesting With This Application, Going To Be Stored In A Location Other Than A Commercial Facility?		
	Yes	No

**If Yes, Please Explain :** \_\_\_\_\_

**Do You Keep Business Records And Sensitive Client Information In A Locked File Cabinet?**    Yes    No

Do You Properly Dispose Of Sensitive Client Information (i.e., Shred)?	Yes	No

**If Utilizing A Fax Machine To Receive Completed Reports, Please Select Fax Type / Location :**

**Home / Work / Private / Shared / Internet Based / Email Based**

**Permissible Purpose : ( Circle All That Apply )**

**Housing Rental / Rent To Own / Commercial Rental / Pre-Employment / Volunteer**

**For The Permissible Purpose(s) Selected, Are You Required To Hold A Business License?**    Yes    No

Type Of License	Issuing Agency	License Number
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Issuing Agency	License Number

**License Number**

**Based On Our List Of Services, Which Service(s) Are You Requesting At This Time? (See Price List)**

**How Would You Like To Receive Your Report?   Online   /   Fax   /   Hard Copy Mailed (Add'l. Fee)**

## RELEASE AND AGREEMENT

**I understand and agree that should Twin City Tenant Check, Inc. accept this application I will utilize my account only for the permissible purpose(s) stated herein. I hereby authorize Twin City Tenant Check, Inc. to obtain any and all information available from any organization when considering this application for service. This may include, but is not limited to, consumer credit reports and public records held by government agencies. I certify the above information is true and complete to the best of my knowledge and understand that any false or misleading information may be grounds for rejection of this application and/or cancellation of service.**

Signature of Applicant	Date
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Date \_\_\_\_\_

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**Twin City Tenant Check, Inc.**

910 Ivy Avenue East . Saint Paul . MN . 55106

p (651) 224-3002 . f (651) 224-0207 or (651) 224-7300