

# Membership Application

Owner's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Where did you hear about us? \_\_\_\_\_

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](mailto:tami@goodtenants.net)**

**By Fax: 1-800-200-7005**

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