

Commercial / Business Application

(Top portion to be completed by office)

RHR Information Services, Inc.
10505 WAYZATA BLVD., SUITE 200 - MTKA, MN 55305
PHONE (952) 545-3953 FAX (952) 545-3973

PROJECT NAME: _____ PROJECT #: _____ CONTRACT FOR: _____ AMOUNT OF CONTRACT: _____
LEASE DATE FROM: _____ TO: _____ OCCUPANCY DATE: _____ SD PAID \$: _____ RHR CONTACT: _____

Complete Company Name:

Contractor's License #: _____ Date Issued: _____ State Issued: _____
Corporation Partnership LLC Other Date Business Started: _____ Registered State: _____
Contact Person: _____ Business Phone: _____
Direct Line: _____ Fax Number: _____
Mobile: _____ Pager: _____
Federal ID #: _____ State ID #: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Previous Business Address: _____
City: _____ State: _____ Zip: _____

Names and Titles of Officers/Stockholders/Partners/Etc.

1. Name: _____ Title: _____ Phone: _____
Address, City, State, Zip: _____
Driver's License #: _____ State: _____ D/O/B: _____ SS#: _____
2. Name: _____ Title: _____ Phone: _____
Address, City, State, Zip: _____
Driver's License #: _____ State: _____ D/O/B: _____ SS#: _____
3. Name: _____ Title: _____ Phone: _____
Address, City, State, Zip: _____
Driver's License #: _____ State: _____ D/O/B: _____ SS#: _____

Customer References

1. Name: _____ Phone: _____
Address, City, State, Zip: _____
Type of Work: _____ Dates From / To: _____
2. Name: _____ Phone: _____
Address, City, State, Zip: _____
Type of Work: _____ Dates From / To: _____
3. Name: _____ Phone: _____
Address, City, State, Zip: _____
Type of Work: _____ Dates From / To: _____

Trade/Supplier References

1. Name: _____ Materials/Services Supplied: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone: _____ Fax: _____
Work Dates From / To: _____ Work Dates From / To: _____
2. Name: _____ Materials/Services Supplied: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone: _____ Fax: _____
Work Dates From / To: _____ Work Dates From / To: _____
3. Name: _____ Materials/Services Supplied: _____
Address, City, State, Zip: _____
Contact Person: _____ Phone: _____ Fax: _____
Work Dates From / To: _____ Work Dates From / To: _____

Bank References

1. Institution: _____ Account Number: _____
Contact Person: _____ Phone Number: _____
2. Institution: _____ Account Number: _____
Contact Person: _____ Phone Number: _____

Signed Release

I/WE AUTHORIZE RHR INFORMATION SERVICES (RHR) TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I/WE HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I/WE UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, VERIFICATION OF EMPLOYMENT AND INCOME, CRIMINAL RECORD SEARCH, RENTAL HISTORY REFERENCES (INCLUDING MHPA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. I/WE UNDERSTAND THAT I/WE HAVE A RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS TO RECEIVE INFORMATION PERTAINING TO THIS REPORT IF I/WE ARE NOT ACCEPTED BASED ON INFORMATION CONTAINED IN THE REPORT. I/WE AUTHORIZE RHR TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND STATE RECORDS OF EMPLOYMENT AND INCOME HISTORY, INCLUDING STATE EMPLOYMENT SECURITY AGENCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION CONTINUES IN EFFECT FOR THE MAXIMUM PERIOD, NOT TO EXCEED (1) YEAR, ALLOWED BY LAW. MY SIGNATURE BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL PAYMENT INFORMATION, JOB HISTORY INFORMATION (INCLUDING SALARY) AND CRIMINAL RECORD INFORMATION. I UNDERSTAND THAT THE DEPOSIT THAT ACCOMPANIES THIS APPLICATION WILL BE REFUNDED IF THIS APPLICATION IS NOT ACCEPTED BY THE OWNER. HOWEVER, ONCE I AM NOTIFIED OF MY ACCEPTANCE I UNDERSTAND THAT MANAGEMENT AGREES TO TAKE THE APARTMENT OFF THE MARKET. IF I DECIDE NOT TO MOVE IN, ANY DEPOSIT RECEIVED WILL BE HELD AS LIQUIDATED DAMAGES.

APPLICANT SIGNATURE

DATE