



Agreement for Services (Tenant Screening)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

Fax #: _____ Email Address: _____

Mailing Address (if different than above): _____

Is a (check one): Company _____ Property Management Firm _____ Real Estate Agent/Broker _____ Owner _____

Other ____ (explain) _____

and confirms the consumer information requests will be for the purpose of _____ and has permissible purpose for obtaining consumer reports, as defined by 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 person or entity named above certifies permissible purpose for Tenant Screening.**

Person or entity named above certifies that the requested consumer reports are for a valid purpose and pursuant to procedures prescribed by Employer Lynx, Inc. for the permissible purpose certified above and will use the reports for no other purpose.

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.

Person or entity named above shall use each consumer report and any attachments only for a one-time use and shall hold the report in strict confidence and not disclose it to any third party; provided, however, the client may, but is not required to, disclose the report to the subject of the report only in connection with adverse action based on the report.

With just cause such as delinquency or violation of the terms of this agreement or a legal requirement, or a material change in existing legal requirements which adversely affects this Agreement for Services, Employer Lynx, Inc. may, upon its election, discontinue serving the above person or entity and cancel this agreement for Services Immediately.

This Agreement for Services will continue in full force until a thirty (30) day written notice is received by either party to terminate Tenant Screening services. Nonpayment or failure of person or entity named above to abide by the terms herein shall be deemed sufficient for Employer Lynx, Inc., to terminate service without prior notice.

Person or entity above understands that this Agreement for Services may be updated from time to time and that each successive signed agreement supersedes any and all prior agreements.

Accepted this _____ day of _____, 20____, _____
(Authorized Signature)

Title: _____ Print Name: _____

This Agreement is not valid until signed by EMPLOYER LYNX, INC.

Employer Lynx, Inc. _____ Date: _____
(Authorized Employer Lynx, Inc., Signature and Title)



Employer Lynx, Inc.®

Tenant Screening Client Application

Company or Individual Name: _____ DBA _____
(If Applicable)

Contact Name: _____ Title: _____

Street Address: _____
(Physical Address) (City) (State) (Zip)

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

Telephone Number: _____ Fax Number: _____

Tax ID Number: _____ Business License Number: _____ City/County: _____

Type of Business: Owner ___ Partnership ___ Rental Agent ___ Property Management Firm ___ Corporation ___

Real Estate Firm/Broker ___ Government Entity ___ Other (explain) _____

Tenant Screening Requirements Are For: Commercial ___ Residential ___ Both ___

Are you a member of a local, regional or national Apartment, Real Estate Association or Property Management?

Association: No ___ Yes ___ If yes, please list: _____

Rental/Lease Property Address (must list at least one)

Complete if Individual Owner, Sole Proprietor or Partnership (Circle One):

Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Complete if Corporation:

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Bank Information

Name of Bank: _____ Business Account Number: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Business (trade) References

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Contact Name: _____

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Contact Name: _____

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Contact Name: _____

This application is submitted for the purpose of tenant screening services through Employer Lynx, Inc. Credit reports are furnished to individuals or companies only for those purposes as stated in the Fair Credit Reporting Act. By law, you must have a permissible purpose to order a credit report, as stated in Section 604 of the Fair Credit Reporting act.

I hereby certify that I own or manage properties stated. Credit reports obtained under this agreement are to be used for tenant screening purposes only. I understand that credit reports are regulated by state and federal law, are confidential, and should be protected from viewing or transmittal to any unauthorized persons. I have read and understand and will comply with all provisions of the Federal Fair Credit Reporting Act. I certify that I am the end user and will not resell or distribute credit reports obtained through Employer Lynx, Inc. I also agree to obtain written signed consent from the applicant to run a credit report as well as any other background information.

Signature: _____ Title: _____ Date: _____
(Authorized agent/owner/representative)

Print Name: _____ Company (if applicable): _____

NOTE:

Upon approval of Client Application a username / password will be provided to obtain the tenant release and order forms.

