

PURCHASE APPLICATION

INTERVIEW REQUIRED

Address of unit purchased _____
 Date of Closing: _____ Title Company _____
 Title Co. Address _____
 Realtor Name _____ Phone# _____
 Real Estate Co _____ Phone # _____
 Address _____ Fax # _____

Name _____ Date of Birth _____
Last First Middle

Name _____ Date of Birth _____
Last First Middle

Additional Occupants:

Vehicle Information:

PET(s): One House Cat: _____ and/or One Dog (not to exceed 20#): _____

Have you received a set of Condominium Documents: Yes No

Buyers Signature _____ Date, _____

Buyers Signature _____ Oat...._____

Director _____ Oat....

Director _____ Date, _____

CUSTOMER NUMBER 2325 -AMERI-TECH

PROPERTY / ASSOCIATION - _____

BACKGROUND INFORMATION FORM

DATE: _____

I / We _____ prospective
tenant(s) / buyer(s) for the property located at _____

Managed By: _____ • Owned By: _____

Hereby allow TITANITE CHECK and/or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to contain it for inclusion for use in processing of this application. If we understand that 011 my / our credit file it will appear the TENANT CHECK has made an inquiry. If we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK now or in the future.

PLEASE PRINT CLEARLY

INFORMATION:

SINGLE

MARRIED _____

SOCIAL SECURITY ID# _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE ID# _____

OWNER'S ADDRESS: _____

HOW LONG? _____

LANDLINE & PHONE: _____

HOW LONG? _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

EMPLOYMENT: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMMATE:

SINGLE

MARRIED

SOCIAL SECURITY ID# _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE ID# _____

OWNER'S ADDRESS: _____

HOW LONG? _____

LANDLINE & PHONE: _____

RENTAL HISTORY: _____

HOW LONG? _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

EMPLOYMENT: _____

APARTMENT NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

TENANT CHECK HOURS OF OPERATION:

MONDAY - FRIDAY: 9:00 a.m. - 5:30 p.m.

SATURDAY: 11:00 a.m. - 4:00 p.m.

ALL OTHERS (OVERTIME) (10 p.m. - 5:11 p.m.) WILL BE CHARGED THE
NEXT BUSINESS DAY

TENANT CHECK FAX#: (727) 942-6843

**IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A
SECOND MONTHLY FEE WILL BE CHARGED TO REPAIR THE
REPORT.**

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR
REALTORS / PROPERTY MANAGERS / APARTMENT COMPLEXES /
MOBILE HOMES / CONDOMINIUM ASSOCIATIONS / EMPLOYERS