mri ResidentCheck

Corporate Rental Application

Management Company: _____

Property Name:_____ Date: _____

Name of Company:_____

Address: _____

City:_____ State:_____ Zip:_____

Telephone: _____ Fax: _____

Type of Company: Corporation: _____ Partnership: _____ Sole Prop: _____

DBA:_____

Date Business Opened or Incorporation: _____ Charter #_____ State: ___

President:_____ Registered Agent:_____

Accounts Payable Contact:_____ Telephone:_____

Who will be signing the lease: _____ Title: _____

Authorized By:_____

Purpose of this lease:_____

Has Corporation Ever Filed Bankruptcy?   Yes   No

Has Corporation Ever Been Evicted or Asked to move out from tenancy?   Yes   No

Has Corporation Ever Broken A Rental Agreement?   Yes   No

I authorize verification of the information by all available means.

Authorized Signature: _____

Please email completed application to RCScreening@mrisoftware.com or fax to 800-495-4842