

## Corporate Applicant Consent

The undersigned hereby consents on behalf of the business named below (the Company) to allow Yardi Screening and/or \_\_\_\_\_ (property), itself or through its designated agents or employees to obtain a credit report on the Company and to obtain and verify the Company's credit and financial information for the purpose of determining whether to lease an apartment to the Company. The undersigned also agrees on behalf of the Company that owner and its agents and employees may obtain additional credit reports on the Company in the future to update or review the Company's account.

Agreed and acknowledged

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Dunn & Bradstreet Business Report

# Dunn & Bradstreet Business Report

Property: One305 Central  
Mgmt Co: TriBridge Residential  
Acct.#: I5979  
PH: 980-244-2005  
Email: mgrone305Central@tbrs.com

### Easy 1-2-3 Instructions

1. Use a separate Request Form for each applicant or company.
2. Provide secondary address, if possible.
3. Fax this page to:  
**1-800-819-5182**

### Where to Get Help

- For questions call our Customer Service Center at: 800-736-8476 x 1.
- Hours are 9:00 a.m.-7:00 p.m\* (Eastern Time) Monday - Friday  
\*All applications received **after** 7:00 p.m. will be returned to you on the following business day.
- Business days are Monday-Friday except Federal Holidays.

### Turnaround Time

- *Dunn & Bradstreet Business Reports* take up to 90 minutes to process.

### **Dunn & Bradstreet Business Report - Please Print**

Business Name: \_\_\_\_\_

*(To insure an accurate search, be careful to spell the name correctly.)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Federal Tax ID Number: \_\_\_\_\_

**D-U-N-S Number:** \_\_\_\_\_

For companies that do not provide a D&B (DUNS) number the property will need to verify that the company's financial strength (revenue) must equal 10x the annualized rental amount\*

**Please also provide a secondary address for this company:**

Main/Home Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Please fax to 1-800-819-5182

### Report Scoring Legend:

(A recommendation will be highlighted based off the D&B results)

PAYDEX Score is greater than or equal to 60 = **APPROVE**

PAYDEX Score is less than 60 = **DENY**

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipients named above. This message contains sensitive credit and/or criminal data information and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 800-736-8476 x600 and return the original message to us by mail. Thank you.