

Please print this form. It must be signed before we can process your application.

**ABLE SCREENING ACCOUNT MEMBERSHIP
APPLICATION FORM and SERVICE AGREEMENT.**

I hereby authorize ABLE Screening Services to provide general background screening and credit reporting agency services. I understand that ABLE Screening Services has no control over the contents of the report issued by the authorized credit bureaus, (Transunion, Experian or Equifax).

WHERE DID YOU HEAR ABOUT ABLE SCREENING _____

COMPANY NAME (IF APPLICABLE) : _____

Is business a sole proprietor, partnership, corporation?

Do you have a website? Please list address _____

Please indicate which pricing plan you want: Plan #1 _____ Plan #2 _____ Plan #3 _____

OWNER, LANDLORD OR PROPERTY MANAGERS NAME

Last Name : _____ First : _____

Address : _____ City : _____ State : _____ Zip _____

Telephone # : _____ Fax # _____

Email address : _____

Banking Reference (Name) : _____

PLEASE LIST ALL RENTAL PROPERTY ADDRESSES ON THE LINE BELOW.

x _____

DOCUMENTS TO BE INCLUDED TO BECOME A MEMBER:

x Proof of ownership document. Either property tax document OR copy of title OR property insurance document.

x Copy of two rental applications or leases from existing or past tenants.

The applicant agrees to comply with all the provisions of Public Law 91-508 and the Fair Credit Reporting Act (The FRCA 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 of the united states code or imprisoned not more

than two years or both) Information supplied will be requested only for applicants exclusive use and the applicant certifies that inquires will be made only when the applicant intends to use the information for permissible purposes. Permissible purposes include 1) in connection with a credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of the consumer, 2) In connection with a tenant screening application involving the consumer, 3) In accordance with the written instructions of the consumer, 4) for a legitimate business need in connection with a business transaction that is initiated by the consumer 5) As a potential investor, servicer or current insurer in connection with a valuation of, or assessment of, the credit or prepayment risks, Applicant further agrees to hold information in strict confidence and will maintain copies of all written authorizations for a minimum of five years from the date of inquiry and acknowledges they are the end user of this information. All reports must be held in strict confidence and not to be disclosed to any third party. In the case the disclosure of such information leads to any claims or litigation, applicant will hold Able Screening harmless from any liability or damages resulting there from. Able Screening shall not be liable in any manner whatsoever for any loss or injury to applicant resulting from the obtaining or furnishing of such information and shall not be deemed to have guaranteed the accuracy of such information, such information being based, however upon reports obtained from sources considered by Able Screening Service to be reliable .It is further agreed that if the applicant is delinquent in payment of charges, or is guilty of violating the terms of this contract, Able Credit may, at its sole discretion discontinue providing service to applicant.

OWNER/LANDLORD /MANAGERS SIGNATURE

_____ Date _____

For office use only Verified by : _____ Date : _____

FAX FORM WITH INFORMATION TO: 415-353-0760 or mail to:

ABLE SCREENING SERVICES 1728 Union Street Suite #302 San Francisco, CA 94123

PHONE 415-353-0744