

# Commercial / Business Application

(Top portion to be completed by office)

**RHR Information Services, Inc.**  
10505 WAYZATA BLVD., SUITE 200 - MTKA, MN 55305  
PHONE (952) 545-3953 FAX (952) 545-3973

PROJECT NAME: \_\_\_\_\_ PROJECT #: \_\_\_\_\_ CONTRACT FOR: \_\_\_\_\_ AMOUNT OF CONTRACT: \_\_\_\_\_  
LEASE DATE FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OCCUPANCY DATE: \_\_\_\_\_ SD PAID \$: \_\_\_\_\_ RHR CONTACT: \_\_\_\_\_

## Complete Company Name:

Contractor's License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_  
Corporation Partnership LLC Other Date Business Started: \_\_\_\_\_ Registered State: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Direct Line: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ State ID #: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Previous Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Names and Titles of Officers/Stockholders/Partners/Etc.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_

## Customer References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Dates From / To: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Dates From / To: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Dates From / To: \_\_\_\_\_

## Trade/Supplier References

1. Name: \_\_\_\_\_ Materials/Services Supplied: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work Dates From / To: \_\_\_\_\_ Work Dates From / To: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Materials/Services Supplied: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work Dates From / To: \_\_\_\_\_ Work Dates From / To: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Materials/Services Supplied: \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Work Dates From / To: \_\_\_\_\_ Work Dates From / To: \_\_\_\_\_

## Bank References

1. Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Institution: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Signed Release

I/WE AUTHORIZE RHR INFORMATION SERVICES (RHR) TO DO A COMPLETE INVESTIGATION OF ALL INFORMATION PROVIDED ABOVE. I/WE HAVE PERSONALLY FILLED IN AND/OR REVIEWED ALL INFORMATION LISTED ABOVE. I/WE UNDERSTAND FAILURE TO COMPLETE THIS FORM COMPLETELY AND TRUTHFULLY MAY RESULT IN DENIAL AND/OR FORFEIT OF DEPOSIT. A COMPLETE INVESTIGATION MAY INCLUDE ANY OR ALL OF THE FOLLOWING: CREDIT REPORT, VERIFICATION OF EMPLOYMENT AND INCOME, CRIMINAL RECORD SEARCH, RENTAL HISTORY REFERENCES (INCLUDING MHPA) AND PERSONAL INTERVIEWS WITH ABOVE REFERENCES. I/WE UNDERSTAND THAT I/WE HAVE A RIGHT TO MAKE A WRITTEN REQUEST WITHIN 30 DAYS TO RECEIVE INFORMATION PERTAINING TO THIS REPORT IF I/WE ARE NOT ACCEPTED BASED ON INFORMATION CONTAINED IN THE REPORT. I/WE AUTHORIZE RHR TO PROVIDE TO THE CREDIT GRANTOR FEDERAL AND STATE RECORDS OF EMPLOYMENT AND INCOME HISTORY, INCLUDING STATE EMPLOYMENT SECURITY AGENCY RECORDS. THIS AUTHORIZATION IS FOR THIS TRANSACTION ONLY AND CONTINUES FOR (1) YEAR UNLESS LIMITED BY STATE LAW, IN WHICH CASE THE AUTHORIZATION CONTINUES IN EFFECT FOR THE MAXIMUM PERIOD, NOT TO EXCEED (1) YEAR, ALLOWED BY LAW. MY SIGNATURE BELOW AUTHORIZES ALL ABOVE LISTED COMPANIES TO RELEASE RENTAL PAYMENT INFORMATION, JOB HISTORY INFORMATION (INCLUDING SALARY) AND CRIMINAL RECORD INFORMATION. I UNDERSTAND THAT THE DEPOSIT THAT ACCOMPANIES THIS APPLICATION WILL BE REFUNDED IF THIS APPLICATION IS NOT ACCEPTED BY THE OWNER. HOWEVER, ONCE I AM NOTIFIED OF MY ACCEPTANCE I UNDERSTAND THAT MANAGEMENT AGREES TO TAKE THE APARTMENT OFF THE MARKET. IF I DECIDE NOT TO MOVE IN, ANY DEPOSIT RECEIVED WILL BE HELD AS LIQUIDATED DAMAGES.

APPLICANT SIGNATURE

DATE