



CHECK ONE: Personal Credit Report (\$19)___ Mini Report (\$45)___ Commercial Killer Whale (\$75)___ Business Credit Report (\$65)___

COMMERCIAL/CORPORATE RENTAL APPLICATION

\$ _____ Non-Refundable Screening Fee

Address of Rental Property _____ Move in Date _____

Business Name _____ Tax ID Number _____

Business Address _____ City _____ State/Zip: _____

Contact Phone: _____ Contact E-mail: _____

Owner/Principal Name _____

Social Security Number: _____ Date of Birth: _____

Complete every item on application. Incomplete and/or Inaccurate information may result in process delay or Denial of Tenancy.

CURRENT ADDRESS INFORMATION

Street _____
City _____ State _____ Zip _____
Suite # _____ Name of Building _____
How Long (Mo/Day/Yr)From _____ to _____
Pymts/Rent Pd to _____ Amt\$ _____
Landlord/Management Company _____
Address _____
Tel# _____ Rent / Own / Lease _____

PREVIOUS ADDRESS INFORMATION

Street _____
City _____ State _____ Zip _____
Suite # _____ Name of Building _____
How Long (Mo/Day/Yr)From _____ to _____
Pymts/Rent Pd to _____ Amt\$ _____
Landlord/Management Company _____
Address _____
Tel# _____ Rent / Own / Lease _____

BANK REFERENCES

Name of Bank _____ Name of Bank _____
Branch _____ Tel# _____ Branch _____ Tel # _____
Account # _____ Account # _____
Contact Person _____ Contact Person _____

TRADE REFERENCES

Company Name _____
Branch _____ Tel# _____
Account # _____
Contact Person _____

TRADE REFERENCES

Company Name _____
Branch _____ Tel# _____
Account # _____
Contact Person _____

TRADE REFERENCES

Company Name _____
Branch _____ Tel# _____
Account # _____
Contact Person _____

TRADE REFERENCES

Company Name _____
Branch _____ Tel# _____
Account # _____
Contact Person _____

Has your Company done business under any other name? Yes ___ No ___

If yes, name(s) _____

Have you ever been evicted? Yes ___ No ___

Have you ever refused to pay rent? Yes ___ No ___

Have you ever filed Bankruptcy? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

List most recent year end gross sales revenues of business(s): Year: _____ Gross Revenue: _____

How many years in business? _____ List your personal Net Income from business: _____

Please attach or send in the following with this completed application:

Tax documents with the above gross income listed _____ Copy of Profit and Loss print out for the year _____

Tax documents with your personal Net Income for the year listed _____ Copy of Current Business License _____

Company brochure and/or business advertisement _____

Phone #: () -
Fax #: () -

Management Company:

Orca Information, Inc.
Phone: (360) 588-1633 / 1-800-341-0022
Fax: (360) 588-1189 / 1-800-522-6722

Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2012 to comply with Fair Tenant Screening Act

To whom it may concern,

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by ORCA Information. I/We certify that to the best of my/our knowledge all statements are “true & complete”. I/We further authorize Orca Information, Inc. to obtain Credit Reports, Credit References, Bank Verification, Bank References, Court, Criminal & Juvenile Records, Arrest Detention Information and Character References, General Reputation, Mode of Living, and Rental References as needed to verify all information put forth in this application. **SCREENING FEE IS NON-REFUNDABLE.**

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

Applicant’s Name (please print)

Applicant’s Signature

Date of Authorization

Manager’s/Assistant Manager’s Signature

Please Charge \$ _____ for this report to my (circle one). There is an additional \$3.00 processing fee when paying with credit card. VISA MASTERCARD DISCOVER ANNEX		
Card # _____		
Expiration Date: _____		CVV Code: _____
_____ Print Name on Card		
_____ Signature of Cardholder		
_____ Card’s Billing Address		
_____ City	_____ State	_____ Zip Code