King Background Screening, Inc. Phone 941.284.4612 Fax 941.240.2126

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MEMBERSHIP REGISTRATION – YOUR INFORMATION

PLEASE COMPLETE THE FOLLOWING FREE REGISTRATION FORM. YOU ONLY NEED TO REGISTER ONCE. INFORMATION COLLECTED IS PROTECTED BY OUR PRIVACY POLICY AND IS NEVER SHARED.

WE REQUIRE SOME INFORMATION ABOUT YOU, THE LANDLORD OR BUSINESS OWNER. THE CREDIT BUREAUS REQUIRE DUE DILIGENCE ON OUR PART TO CONFIRM THAT YOU ARE WHO YOU SAY YOU ARE AND THAT YOU OWN THE PROPERTY OR BUSINESS IN QUESTION. WE DO NOT CHARGE ADDITIONALLY FOR THIS VERIFICATION. OUR DUE DILIGENCE ELIMINATES THE POSSIBILITY OF AN IDENTITY THIEF USING YOUR PERSONAL INFORMATION FOR FRAUDULENT PURPOSES. YOUR INFORMATION WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND WILL NOT BE DISCLOSED TO ANY THIRD PARTY UNLESS WE ARE REQUIRED BY LAW TO DO SO.

BILLING INFORMATION:

NAME / COMPANY ACCOUNT SHOULD BE SET-UP UNDER				
COMPLEX OR COMPANY NA				
NAME (CONTACT PERSON)				
BILLING ADDRESS				
CITY	STATE	ZIP		
PHONE				
FAX				
EMAILOCCUPATIONAL or PROFESS				
NUMBER OF RENTALS				

SELECT METHOD OF R	EPLY:		
EMAIL			
FAX			
MAIL			
REPORTS SHOULD BE	SENT TO (if different than	billing information)	
NAME (CONTACT PERSO	ON)		
COMPLEX OR COMPAN	Y NAME		
CITY	STATE	ZIP	
PHONE	FAX	EMAIL	
DOCUMENTS REQUIRE	ED:		
PLEASE PREPARE THE I		S. YOU WILL NEED	TO FAX THEM TO US IN ORDER
`	ORIVER LICENSE, PASSP THE COPY IS CLEAR ENC	•	VERNMENT ISSUED PHOTO ID
• PROOF OF RENTA	L PROPERTIES or BUSINE	ESS OWNERSHIP	
1. COUNTY T. <u>AND</u>	AX ASSESSORS BILL or ES	SCROW/CLOSING STA	ATEMENT.
	E FOLLOWING: PROPERT ERTIFICATION or TITLE I		TY INSURANCE or UTILITY BILI
 YOUR APPLICAN MAY USE OUR FO 		TION. (IF YOU DO N	OT ALREADY HAVE ONE, YOU
DATE			
PRINTED NAME			
SIGNATURE			