



BUSINESS APPLICATION – TENANT

	Mgmt Company	Apt Community	Community Contact	Community Tel #
CLIENT #: _____				

BUSINESS NAME _____	Tax ID _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Mailing Address (if different): _____	
City: _____	State: _____ Zip: _____
Contact: _____	
Phone _____	Fax: _____ Email: _____

TRADE REFERENCES

1. Business Name: _____ **Business Type:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Acct No: _____ Date Opened: _____ Terms: _____

2. Business Name: _____ **Business Type:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Acct No: _____ Date Opened: _____ Terms: _____

3. Business Name: _____ **Business Type:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Acct No: _____ Date Opened: _____ Terms: _____

Acknowledgements:

In accordance with the Fair Credit Reporting Act (FCRA), you are advised that a background investigation will be conducted to confirm the information listed on this application. By signing this application, you authorize Moco, Incorporated, whose mailing address is PO Box 2826, Seattle, WA 98111, to obtain credit reports, and verifications as necessary. If the application is denied because of credit, the business may obtain a copy of the credit report from the credit-reporting agency.

I/we certify that to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial.

SIGNED _____ DATE _____

PRINT NAME: _____ POSITION: _____