

**The Villas of Parkhaven
Corporate Credit Application**

COMPANY INFORMATION

Legal Name of Business:		DBA Name (if different from Legal Name):		
Physical Address:		City:	State:	Zip Code:
Federal Tax ID Number:		Date Business Started:		Nature of Business:

If your mailing address is different from your physical address please provide the mailing address below.

Mailing Address:		City:	State:	Zip Code:

PLEASE NOTE: The above mailing address will be the mailing address used for any correspondence or deposit refund payments. If your company uses a specific address for specific items you will need to provide the necessary address prior to the date your company vacates the apartment.

TRADE REFERANCES

Company Name:		City:	State:	Primary Contact Name(s):
Phone Number:	Fax Number:		Email Address:	

Company Name:		City:	State:	Primary Contact Name(s):
Phone Number:	Fax Number:		Email Address:	

Company Name:		City:	State:	Primary Contact Name(s):
Phone Number:	Fax Number:		Email Address:	

BANK REFERANCE

Company Name:		City:	State:	Primary Contact Name(s):
Phone Number:	Fax Number:		Email Address:	
Primary Accounts Payable Account Number:		Additional Information Needed (if applicable):		

I, being authorized to do so, do hereby give approval for release of information regarding the above mentioned account.

Authorized Person - Signature

Authorized Person - Printed Name

Date

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ACCOUNTS RECEIVABLE CONTACT INFORMATION

Please list who we need to send rental or other charges invoices to for payment processing.

Primary Contact Name:	Phone Number (including A/C):	Extension:	Fax Number (including A/C):
Email Address:			

Secondary Contact Name:	Phone Number (including A/C):	Extension:	Fax Number (including A/C):
Email Address:			

PLEASE NOTE: The Villas of Parkhaven sends out monthly rental invoices as a courtesy; however, it is not a requirement. The terms, conditions, rent due dates and/or late fee policies of the signed Apartment Lease Contract will be the definitive factor for all policies. It will be ultimate responsibility of the company leasing the apartment to ensure that the monthly rent is received on time each month in order to avoid late fees being charged to the account.

AUTHORIZED PERSON(S) TO MAINTAIN/ MODIFY/CANCEL RENTAL AGREEMENTS

PLEASE NOTE: If this portion of the application is left blank then The Villas of Parkhaven will understand the company authorizes **ANY** verifiable employee to act as an authorized agent in regards to maintaining, modifying or cancelling the rental agreement in accordance with the Apartment Lease Contract. In the event there are changes or modifications to who may or may not act on the company's behalf then it is the sole responsibility of your company to provide written notification to The Villas of Parkhaven in regards to any changes regarding authorized persons.

Name:	Email Address:	Phone Number (including A/C):	Extension:

PERSON(S) AUTHORIZED TO DWELL IN APARTMENT(S)

Name:	Email Address:	Phone Number (including A/C):	Extension:

PLEASE NOTE: The Villas of Parkhaven requires a criminal background check for all person(s) 18 years and older who dwell in the apartment. If your company has conducted a criminal background check dated within sixty (60) days of the date of this application then that criminal background check will be considered sufficient as long as a copy may be provided to The Villas of Parkhaven for our records. If a background check has not been completed within the past sixty days then a background check will need to be conducted on each person age 18 and over. There is a section later on this form for the information necessary to conduct a background check. Please note that a fee may be billed to your company for the processing of the background check. **All occupants age 18 and over will be required to provide us a copy of their government issued photo ID for our files.**

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CHANGES TO PERSONS AUTHORIZED TO DWELL IN APARTMENT(S)

The Villas of Parkhaven can only release information and/or keys to access the apartment to those who are either listed as a proper company agent or are listed as an occupant for the apartment. If a person moves out and/or another person moves into the apartment The Villas of Parkhaven will need to be notified of any changes regarding the occupants in any apartment as soon as your company is able to provide the information. Please remember if the company cannot furnish a recent background check then The Villas of Parkhaven will have to process a background check and a fee may apply. We cannot release information or keys to any person(s) without proper notification or authorization.

ANIMAL VERIFICATION & DISCLOSURE

Will the occupant(s) plan on having an animal in the dwelling? No Yes If yes, how many? _____

If yes, please provide the following information.

Type (dog, cat, etc.):	Breed (Yorkee, Siamese, etc.):	Weight:

PLEASE NOTE: A pet deposit of \$300.00 will be required. The deposit is potentially refundable if there are no damages or cleaning issues beyond what is considered normal wear and tear. Breed restrictions as well as weight restrictions do apply.

FINAL AUTHORIZATION

The provided information is for the purpose of setting up a corporate bill account and is warranted to be true.

I/We authorize The Villas of Parkhaven to investigate the references listed pertaining to my/our credit responsibility.

Furthermore, I/we agree to the terms as mentioned on this credit application and will adhere to these terms to the best of our ability.

Applicant's signature attests financial responsibility, ability, and willingness to pay the monthly charges in accordance with The Villas of Parkhaven terms and conditions as stated.

Authorized Signature

Printed Name

Date

Authorized Signature

Printed Name

Date



This community provides housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or disability in the admission and/or access to any programs and activities.

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CRIMINAL BACKGROUND CHECK INFORMATION & AUTHORIZATION

This page only needs to be filled out in the event the company cannot provide a Criminal Background Check Report dated within 60 days of each occupant arriving to move into The Villas of Parkhaven. If the company has been able to furnish a background check to The Villas of Parkhaven, you do not need to print or fill out this page.

Villas of Parkhaven - Criminal History Policy

A criminal background check will be conducted for each applicant. The criminal search will be run on a nationwide, statewide, and county level. If you have been arrested, convicted, or received deferred adjudication for any of the following your application will be automatically denied: a felony offense for a weapons charge, any drug related crime, burglary, sex crime and/or assault. All other crimes are subject to management approval. DUIs and DWIs are not reason for denial.

Individual Information (Each person will need to fill out their own separate paper)

The following information is the minimum information needed to conduct the required background check. Please type or print clearly.

First Name:	Middle Name:	Last Name:	Date of Birth
Social Security Number:	Driver License Number:	State DL Issued:	
Home Address (as listed on Driver License or ID card):	City:	State:	Zip Code:

Authorization to Run Background Check

By signing below I authorize **The Villas of Parkhaven** to request information from other sources for the purpose of conducting a criminal background check to confirm if applicant is qualified for residency.

Applicant Signature

Date