



TENANT SCREENING CENTER

Verify Before You Trust
6570 OAKMONT DRIVE, SUITE B
SANTA ROSA, CA 95409

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FAX: 707-544-8861 OR 800-799-8861
Email: info@tsci.com - Web: www.tsci.com

COVER SHEET REQUEST FORM

Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing.

DATE: _____ YOUR ACCOUNT #: _____

NAME ON ACCOUNT: _____ REQUESTED BY: _____

E-MAIL ADDRESS: _____ PHONE #: _____ CELL PHONE #: _____

METHOD OF PAYMENT:

- USE CREDIT CARD ON FILE
- NEW CREDIT CARD INFORMATION: ACCOUNT HOLDERS CREDIT CARD INFORMATION ONLY
CREDIT CARD#: _____ - _____ - _____ - _____ EXPIRATION DATE: ____ / ____
NAME ON CC: _____

****REPORT DELIVERY METHOD AND TYPE****

- ONLINE ORDER:** FILE(S) #: _____ - _____ - _____ - _____
**** PLEASE ATTACH AND SEND THE SIGNED AUTHORIZATION FOR ALL ONLINE ORDERS****
- FAXED BACK:** _____
- E-MAILED BACK:** _____

*****NOTE-TSC CANNOT PROCESS ANY REQUESTS WITHOUT A SIGNED RENTAL APPLICATION*****

- SCORECARD:** PASS/FAIL REPORT - LIMITED CREDIT INFORMATION
- CREDIT ONLY:** INCLUDES: COMPLETE CREDIT REPORT - PLUS CREDIT SCORE - PLUS CREDIT PROFILE SUMMARY (INCLUDES 17 SIGNIFICANT CALCULATIONS)
- MINI REPORT:** INCLUDES: COMPLETE CREDIT REPORT - PLUS CREDIT SCORE - PLUS CREDIT PROFILE SUMMARY (INCLUDES 17 SIGNIFICANT CALCULATIONS) - UNLAWFUL DETAINER SEARCH (EVICTION)
- FULL ONLY:** MINI REPORT PLUS VERIFICATION OF EMPLOYER (INCLUDED IF EMPLOYER CHARGES VERIFICATION FEE) VERIFICATION OF PRESENT AND PREVIOUS LANDLORD
- NATIONAL DATACHECK:** NATIONAL INFORMATION REGARDING: CRIMINAL AND EVICTION HISTORY AS WELL AS ADDRESS AND SOCIAL SECURITY VERIFICATION
- CRIMINAL:** COUNTY(S) TO SEARCH: _____
** (DATE OF BIRTH IS REQUIRED ON ALL CRIMINAL SEARCHES) **
- BUSINESS:** CREDIT INFORMATION ON THE BUSINESS - STATE VERIFICATION OF THE BUSINESS
MINI REPORT (ON ONE PRINCIPAL)

*****PLEASE PRINT CLEARLY THE NAME(S), SOCIAL SECURITY NUMBER(S), AND DATE(S) OF BIRTH(S) OF THE APPLICANTS TO BE RUN*****

APP 1: _____ SS#: _____ / _____ / _____ DOB: _____

APP 2: _____ SS#: _____ / _____ / _____ DOB: _____

APP 3: _____ SS#: _____ / _____ / _____ DOB: _____