



# TENANT SCREENING CENTER INC.

EXECUTIVE OFFICES:

140 WIKIUP DRIVE  
SANTA ROSA, CA 95403

PHONE: 707-578-5533 OR 800-523-2381

FAX: 707-544-8861 OR 800-799-8861

WEBSITE: [www.tsci.com](http://www.tsci.com) EMAIL: [INFO@TSCI.COM](mailto:INFO@TSCI.COM)

## COVER SHEET REQUEST FORM

Date: \_\_\_\_\_ **YOUR SUBSCRIBER PIN** # \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_ REQUESTED BY: \_\_\_\_\_

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: \_\_\_\_\_

**\*\*PLEASE ADVISE HOW YOUR REPORT IS TO BE PROCESSED\*\***

**ALREADY ORDERED ON LINE: FILE #(S)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\* PLEASE ATTACH AND SEND THE SIGNED AUTHORIZATION FOR ALL ONLINE ORDERS\*\***

**\*\*\*\*\* OR\*\*\*\*\***

### FOR FAXED OR EMAILED REQUESTS:

PLEASE INDICATE HOW THE REPORT IS TO BE RETURNED AND THE TYPE OF REPORT TO BE RUN

PHONED BACK \_\_\_\_\_  FAXED BACK \_\_\_\_\_

E-MAIL: CONTACT CUSTOMER SERVICE AT 1-800-523-2381 or EMAIL: [info@tsci.com](mailto:info@tsci.com)  
TO ESTABLISH ON LINE ACCESS

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

**MINI REPORT:** INCLUDES: COMPLETE CREDIT REPORT - PLUS FICO CREDIT SCORE - PLUS CREDIT PROFILE SUMMARY (INCLUDES 17 SIGNIFICANT CALCULATIONS) - UNLAWFUL DETAINER SEARCH (EVICTION) - SKIPS, DAMAGES, MONIES OWED (REPORTED TO TSC)

**FULL REPORT:** MINI REPORT PLUS VERIFICATION OF EMPLOYER (INCLUDED IF EMPLOYER CHARGES NO VERIFICATION FEE) VERIFICATION OF PRESENT LANDLORD - VERIFICATION OF PREVIOUS LANDLORD

**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 AN INDIVIDUAL/ PRINCIPAL)

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

APP 1: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

APP 2: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

APP 3: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

APP 4: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE INDICATE HOW TSC SHOULD PROCESS THIS REPORT REQUEST:**  INDIVIDUALS  CO-TENANT  MARRIED