



## Advantage Tenant Screening Services

P.O. Box 450, Springfield, Pa 19064

Ph 855-244-2400 Fax 855.244.2401

[Info@AdvantageTenant.com](mailto:Info@AdvantageTenant.com)

[www.AdvantageTenant.com](http://www.AdvantageTenant.com)



**Thank you for your interest in  
Advantage Tenant Screening Services**

**BASIC LEVEL>>**

### **Check List Reference Sheet**

- Please fill out and sign the Service Application.**
- Sign the Personal Guarantee.**
- Please provide us with your preferred Credit/Debit card you would like to use on the account.**
- Fax ALL Three PAGES to 855-244-2401.**

Once we have your documents, you will receive a phone call and an email with your member number, user ID and temporary password to allow you to begin pulling reports!

Try us risk free and there is no penalty to cancel at any time.

If you have any questions, please call us at 855-244-2400.

*We look forward to serving you!*

**Your Advantage Tenant Screening Team**

**Service Application – AT.com**  
Please Fax To 855-244-2401

**PROPERTY MANAGEMENT OR  
LANDLORD INFORMATION**

\_\_\_\_\_  
COMPANY NAME OR NAME OF LANDLORD

\_\_\_\_\_  
COMPANY ADDRESS OR LANDLORD ADDRESS (FOR ABOVE BUSINESS ENTITY)

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
YOUR FIRST NAME / MI / LAST NAME

\_\_\_\_\_  
YOUR POSITION

\_\_\_\_\_  
TELEPHONE FAX

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
ADDITIONAL CONTACT PERSON

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**BILLING CONTACT INFORMATION**

\_\_\_\_\_  
COMPANY NAME OR NAME OF LANDLORD (IF DIFFERENT)

\_\_\_\_\_  
FIRST NAME / MI / LAST NAME

\_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
BILLING TELEPHONE BILLING FAX

\_\_\_\_\_  
BILLING E-MAIL ADDRESS

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**TYPE OF BUSINESS** \_\_\_\_\_

LANDLORD , SOLE OWNER, PARTNERSHIP, CORPORATION, YEARS ESTABLISHED





**BASIC LEVEL >>**

**Personal Guarantee**

Please Fax To 855.244.2401



This Personal Guarantee (this "Guarantee") is entered into by \_\_\_\_\_ ("Principal"), who is a principal, partner, landlord or owner of \_\_\_\_\_ ("End User"). End User has entered into a Service Agreement with ADVANTAGE TENANT. ADVANTAGE TENANT agrees to furnish End User with consumer reports in connection with Tenant applications to allow End User to determine propriety of dealing with a consumer and extending credit. As a condition to entering into the Service Agreement and providing the services set forth therein, ADVANTAGE TENANT requires Principal to execute and deliver this Personal Guarantee.

In consideration of the foregoing and the Service Agreement and for such other consideration, the sufficiency of which is hereby acknowledged by the undersigned Principal(s), the undersigned Principal(s) hereby unconditionally guarantees due payment, performance and fulfillment to ADVANTAGE TENANT of all liabilities, obligations and undertakings of End User to ADVANTAGE TENANT, whether direct or indirect, absolute or contingent, due or to become due, now existing or hereafter arising or acquired, sole, joint or several, and whether consisting of obligations specifically under the Services Agreement or under any other present or future agreements between the End User and ADVANTAGE TENANT (collectively, the "Obligations"). This instrument shall operate as a continuing and absolute guarantee and shall remain in full force and effect until this Guarantee is terminated in writing by ADVANTAGE TENANT or receipt by ADVANTAGE TENANT of written notice of the revocation of this Guarantee or of the death or incapacity of the Principal. Such notice of revocation shall not affect any obligations of the Principal existing at the time such notice is received by ADVANTAGE TENANT. The Principal further guarantees to ADVANTAGE TENANT the payment of any and all expenses paid or incurred by ADVANTAGE TENANT (including reasonable attorney's fees) in connection with the collection of all sums and Obligations guaranteed hereunder, whether such collection be from the End User or the Principal. On any default or failure by the End User to pay or perform any of its Obligations, the liability of the Principal hereunder shall be effective immediately and the Principal waives all requirements of notice, demand, presentment or protest and any right which the Principal might otherwise have to require ADVANTAGE TENANT first to proceed against the End User or against any other person or first to realize on any security held by it before proceeding against the Principal for the enforcement of this Guarantee. The Principal shall not assert any right arising from payment or other performance hereunder, whether by set-off or counterclaim, or claim of indemnity, reimbursement, subrogation or otherwise, until the Principal's liability hereunder shall have been discharged in full and all of the Obligations shall have been fulfilled. If for any reason the End User is under no legal obligation to discharge any of the Obligations, or if any amounts included in the Obligations shall have become irrecoverable from the End User by operation of law or for any other reason, or if any security or other guarantee shall be found invalid, the Principal shall nonetheless be and remain bound upon this Guarantee. This Guarantee, and all rights and remedies of the parties, shall be determined as to their validity, construction, effect and enforcement, and in all other respects of the same or different nature, by the laws of the State of Pennsylvania. No provision of this Guarantee may be amended or waived except in writing signed by ADVANTAGE TENANT. This Guarantee is intended to take effect as a sealed instrument, shall inure to the benefit of ADVANTAGE TENANT and its successors and assigns and shall be binding upon the Principal and legal representatives, successors and assigns of the Principal.

**THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ THIS GUARANTEE AND THE SERVICE AGREEMENT AND AGREES TO COMPLY WITH ALL SECTIONS SET FORTH HEREIN.**

**PRINCIPAL:**

\_\_\_\_\_  
SIGNATURE DATE  
\_\_\_\_\_  
PRINT YOUR FIRST NAME / MI / LAST NAME  
\_\_\_\_\_  
PRINT YOUR POSITION / PRINCIPAL STATUS  
\_\_\_\_\_  
HOME ADDRESS CITY STATE Zip  
\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**PRINCIPAL:**

\_\_\_\_\_  
SIGNATURE DATE  
\_\_\_\_\_  
PRINT YOUR FIRST NAME / MI / LAST NAME  
\_\_\_\_\_  
PRINT YOUR POSITION / PRINCIPAL STATUS  
\_\_\_\_\_  
HOME ADDRESS CITY STATE ZIP  
\_\_\_\_\_  
SOCIAL SECURITY NUMBER



**Payment Information**

Please Fax To 855.244.2401



We make paying your charges hassle free! Simply fill out this form and the credit card of your choice will be on file so it's always ready when you are. Each transaction will be recorded as a debit on your credit card/bank statement. Your detailed invoice will inform you of the debited amount, date of transaction and related charges.

**Choose the credit card you want us to charge for your Advantage Tenant Screenings.**

[Empty input boxes for Card Type and Credit Card Number]

Card Type (American Express/Visa/Master Card/Discover

Credit Card Number

[Empty input boxes for Exp. Date, CSV, and Cardholder Name]

Exp. Date 00/00

CSV (3-digit code on the back or 4 Digit on front of AMEX) Cardholder Name (printed)

[Empty input box for Cardholder Signature]

Cardholder Signature

[Empty input box for Billing Address]

Billing Address for this Credit Card

**Read and sign the payment agreement**

I (we), the undersigned, authorize and request Advantage Tenant (dba US Real Estate Investors Association) to do the following actions per the payment method I (we) have chosen:

- A) Initiate electronic debit entries or use any other commercially accepted practice to charge my (our) account indicated below in the BANK named below and I (we) authorize and request BANK to honor the debit entries initiated by USREIA and debit these charges to that account.
- B) Charge my Visa/Mastercard/American Express/Discover card, which is indicated above, for my USREIA payment. This authorization relates to all payments required on my (our) USREIA account and the related membership agreement. It also covers changes in amounts and payments due because of additional agreements between me (us) and USREIA that relate to the membership agreement. This authorization will remain in effect until all amounts owed are paid in full, or until I (we) cancel this authorization. To cancel, I (we) must notify USREIA in writing far enough in advance to give USREIA reasonable opportunity to act. I (we) understand it my (our) responsibility to notify USREIA to cancel the payment information on file should I wish to terminate this payment option.

[Empty input boxes for Cardholder Name, Signature, and Date]

Cardholder or Bank Account Holder Name (printed)

Cardholder or Bank Account Holder Signature

Date

Keep Credit Card on File to be billed at time of request **AND/OR**  I will supply Credit Card Information online at time of request

**Questions? Call us at 855.244.2400. We're standing by!**  
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