



Requested Rental Location: \_\_\_\_\_

Desired Dates of Stay: \_\_\_\_\_

(This is an approximation of how long you will be in the apartment. It does NOT serve as the required 14 day written notice to vacate.)

Number of Bedrooms Needed: \_\_\_\_\_

Quoted Rent Amount: \$ \_\_\_\_\_

### Corporate/Company Rental Application

*A security deposit of \$200.00 is required before move-in date and will be refunded to the Applicant if there is no outstanding balance remaining for any reason regarding the rented apartment. Deposit will be forfeited if apartment lease/obligations are not fulfilled by Applicant. Any forfeiture of deposit does not credit towards any balance owed. Applicant understands that by signing below they agree to be responsible for all collection fees in the event of any default. Applicant understands that this deposit will hold the requested apartment and that the amount will be forfeited if Applicant decides not to take the apartment and fails to give cancellation notice within 72 hours of submitting this application. Upon vacating, a minimum charge of \$75.00 will be deducted from deposit for housekeeping/redecorating fees.* \_\_\_\_\_ INITIALS

I agree to provide Premier Living Services, Inc. a **two week (14 day) written notice** before vacating the rented apartment \_\_\_\_\_ INITIALS

There is a \$25.00 application fee that will be refunded if / when the applicant signs and returns the lease agreement within five days of occupancy. \_\_\_\_\_ INITIALS

#### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Fed. ID# \_\_\_\_\_ - \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Human Resources Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Reason for Stay:  Temporary Need  Relocating Dunn & Bradstreet Number: \_\_\_\_\_

#### RESIDENT INFORMATION

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile Phone # (\_\_\_\_\_) \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's phone: (\_\_\_\_\_) \_\_\_\_\_

Pets: \_\_\_\_ yes \_\_\_\_ no How many: \_\_\_\_\_ Type/Breed(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_

If the pet is approved by Premier Living Suites, the following pet fees apply: For each pet 24 lbs. or under, there is a \$150.00 non-refundable fee.

For each pet 25 lbs. or more there is a \$250.00 non-refundable fee. (Maximum of 2 pets per apartment). \_\_\_\_\_ INITIALS

#### PAYMENT INFORMATION

Deposit Payment : \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Direct Bill

Rent Payment : \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_ Direct Bill

Credit Card # \_\_\_\_\_ 3 or 4 digit security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address where you receive the credit card statement: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approval Signature to Charge Card: \_\_\_\_\_

Address where you'd like us to mail your monthly invoices: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ attn: \_\_\_\_\_

Do you need apartment finding or mortgage assistance? \_\_\_\_ yes \_\_\_\_ no Type of Assistance needed: \_\_\_\_\_

How did you hear about our service? \_\_\_\_\_

**I acknowledge that the information provided in this application is true and correct to the best of my knowledge. Premier Living Services, Inc. is authorized to make any investigation in my personal, financial and/or credit history through any investigative or credit agencies or bureaus.**

Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach reference letter from company's accounts payable department.*