



SIGNATURE SUITES

Application for Residency

| | |
|---------------------------------|---------------------------|
| Tenants Name _____ | SSN/TAX ID _____ |
| Address _____ | Telephone _____ |
| City, State _____ | Zip Code _____ |
| Driver's License # _____ | State Issued _____ |
| Emergency Contact _____ | Telephone _____ |
| Personal/Business Ref. _____ | Telephone _____ |
| Personal/Business Ref. _____ | Telephone _____ |
| Company/ Employer _____ | Telephone _____ |
| Address _____ | Facsimile _____ |
| City, State, Zip _____ | Email _____ |

How did you hear about Signature Suites? _____

Signature Suites Credit Card Authorization Form

Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission.

Please scan and email the completed form to christina@comestayawhile.com or fax to (615) 332-3432

Resident Information

Resident's Full Legal Name: _____ Email address: _____

Home Address: _____
(city, state and zip)

Home or Work Phone Number: (_____) _____ Mobile Number: (_____) _____

Relation to Cardholder: Self Relative Friend Employee/Partner Other: _____

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa Master Card Amex Discover

Account type: Individual (personal credit card)
 Corporate Credit Card ⇒ Company Name: _____

Corp Auth. Code: _____ (required field)

CC Account No.: _____ Exp. Date: _____

Authorization Code: _____ (located on front or back of card) (required field)

Statement Billing Address: _____
(where cc statement is mailed please include city, state and zip)

Statement Billing Phone Number: (_____) _____ Fax or Alternate Number: (_____) _____
(where cc statement is mailed)

Regardless of Direct Bill or other payment options a VALID credit card will need to be given for the file.

I certify that all information is complete and accurate. I hereby authorize **Signature Suites** to collect any and all payment(s) due to the Lessor as stated in the Proposal/Furnished Residential Rental Agreement as well as an additional convenience fee of **\$ 0 %**, by processing charge(s) to the credit card listed above. I understand that in order to avoid the credit card convenience fee, I may elect to pay charges with the click-to-pay feature on my invoice by using a personal bank account, or a check or money order made payable and mailed to Signature Suites, Inc. Any amounts due to the Lessor that remain outstanding by Lessee for more than 5 business days past the due date, Lessor retains that option of billing to the Lessee's credit card for immediate payment. If Lessor chooses

I/We prefer to pay monthly via: Credit Card Click-to-Pay Personal Check
 Employer/Company Direct Billed Other: _____

I certify that I am the authorized signer of the credit card listed above and consent to the above rates and terms.

Cardholder signature: _____ **Date:** _____

CRIMINAL BACKGROUND CHECK RELEASE FORM
APPLICANT AUTHORIZATION RELEASE

IN CONNECTION WITH MY APPLICATION FOR RESIDENT AT _____ I HEREBY AUTHORIZE ANY CONSUMER AGENCY, CURRENT AND PREVIOUS EMPLOYER, CURRENT AND ANY FORMER LANDLORD, LAW ENFORCEMENT AGENCY, ANY CHECK AUTHORIZATION AGENCY AND STATE EMPLOYMENT SECURITY AGENCY TO RELEASE ALL INFORMATION ANY OF THEM MAY HAVE ABOUT ME TO SIGNATURE SUITES. I HEREBY RELEASE ALL OF THE THESE PARTIES FROM ANY LIABILITY IN CONNECTION WITH RELEASE OF SUCH INFORMATION. I ALSO AUTHORIZE THE USE OF DATA CONTAINED IN MY APPLICATION FOR RESIDENCE FOR DEMOGRAPHICALLY OR OTHER TYPE OF STUDIES OR REPORTS.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization form continues in effect for the maximum period, not to exceed one (1) year allowed by law

DATE: _____

SIGNATURE: _____

DRIVERS LICENSE # _____

DATE OF BIRTH: _____

SOCIAL SECURITY # _____

PRINT NAME: _____

Each occupant will need to provide a copy of their driver's license

All renters/Occupants are required to complete a rental application and sign a criminal consent form.
The fee is \$45.00 per occupant 18 years or older. Married Couples 1 fee of \$45.00 Initials

IN OFFICE USE ONLY

Housing Information

Furnished Housing Address: _____

Arrival Date: _____ Departure date: _____

Rate Information and other Approved Charges

Rental Rate: \$ _____ Taxes: (\$ _____) 17.25% 1-30 days 9.25% 31-89 days no tax 90 days Total Rental Rate: \$ _____ p/ day

Other: \$ 150.00 non-refundable admin fee, \$45 .00 Criminal Background Check \$0 Pet Exit fee _____ Pet Fee \$450.00 for 1 pet \$550.00 for 2 pets