PRINT THE FOLLOWING INFORMATION ONLY ONE NAME is allowed on each signed application

FULL <u>LEGAL</u> name? (as it appears on drivers license)	FULL First	FULL middle	FUL	L Last
Maiden (other) Name (If any)				
Social Security #				
Driver License # or ID #	VOLUMIICE A	TTACILA CODY	TE ID OD	LICENCE
	YOU MUST A	TTACH A COPY (JF ID OK	LICENSE
Date of Birth				
Current Address?			Apt.	#
City, State and Zipcode?				
How long at this address?				
Landlord's Name?				
Landlord's phone #	()			
Have you lived in any other County/State in past 10 year	ars? YES/NO			
If so, Where?	- 			
If so, How long ago?				
Current employer				
Employers Address				
Employers Phone #	()			
Are you being evicted now or have you ever had an evi	ction filed against	you?	Yes / No	(Circle One)
Are you being foreclosed on now or have you ever been foreclosed on?			Yes / No	(Circle One)
Have you ever been arrested? (regardless of conviction))	•	Yes / No	(Circle One)
If yes to any of the above, explain:				
				
By signing below you acknowledge and agree, without Anthony Green or anyone else affiliated with us is he limited to: Criminal, Civil, and/or Credit reports and n agree that you are solely responsible for the information Any false information in this application is grounds tenancy.	ereby authorized to may use such information, its contents and	obtain any and all ination in their decision in their decision in the decision	nformation on to rent be found	n, including, but no to you. You furthe in such information
Date this day of, 20				
	Signat	ure		
Landlord Requesting Background Check In	nformation: (A	pplication will n	<mark>ot be ruı</mark>	<mark>n without this</mark>)
Landlord:		Phone		
Address:		Fax		
City, ST, Zip:		Email:		

4502 S. Manhattan Ave. Suite #105 Tampa, FL 33611 Office (813) 839-3343 Facsimile (813) 839-3347



ANTHONY GREEN PRESIDENT

NON-ATTORNEY EVICTION SERVICES RELATED

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT THE FOLLOWING INFORMATION

© Copyright Evictions Plus, Inc. January 2017	FAX TO: (813) 839-3347			
Signature:	Date:			
By signing below I authorize Evictions Plus, Inc. (\$ (plus 3.5% processing fee) for payment	.			
RUSH SERVICE (Next Day Deliv	ery) \$25.00			
Local/State Background Check	(Persons) \$50.00 (Per Person)			
Local/State/National Background C	Check (Persons) \$75.00 (Per Person)			
(Please Check	off all that apply)\			
Card Identification # (Digits on back) _				
BILLING PHONE NUMBER _				
BILLING ZIP _				
EXPIRATION DATE:	/			
CREDIT CARD NUMBER:				
(City, State and Zip Code)				
BILLING ADDRESS:				
CARDHOLDER NAME:				