EXISTING CORPORATE CLIENTS

As you have worked with Corporate Quarters in the past there will not be a charge to update you information. Based on your payment history, your company may be required to provide a credit card even if direct bill is approved.

NEW CORPORATE CLIENTS

THIS IS THE INITIAL PROCESS TO HAVE YOUR COMPANY APPROVED AND PLACED IN OUR SYSTEM AS A CORPORATE CLIENT. THE APPLICATION APPROVAL PROCESS CAN TAKE 1-2 BUSINESS DAYS TO COMPLETE. PLEASE KNOW THE COMFORT OF YOU AND YOUR EMPLOYEE IS OUR MAIN GOAL. WE LOOK FORWARD TO ASSISTING YOU.

- Completed Corporate Application (ONE TIME CHARGE \$60.00 processing fee)
- We accept MasterCard, Visa and American Express for payment, if the company cannot process payment with a credit card, please make us aware ASAP so we may proceed for approval of direct billing.
- If this is your company's initial reservation, the first thirty (30) days rent, any deposits, and other fees are due prior to move in. This payment may be sent overnight, or it may be charged to the credit card number provided
- If direst bill approved, invoices will be generated with payment terms of net thirty (30) days. Delinquent accounts will accrue interest at 1.5% per month or the maximum allowable by law.

QUALIFIYNG GUIDELINES

- Must have a Federal ID
- Must provide us with a physical address (PO Box can be listed for billing only)
- Must be in business for a minimum of 5 years. If the company has been in business is less than 5 years, we
 require a copy of the most recent tax return or an officer / owner of the company will be required to apply and hold
 the lease individually.
- Must provide at least 3 Business References

Any questions or concerns regarding the application process, please contact Taryn Erwin at taryn@corporatequarters.net or phone 865-675-3146.

^{**}Other options may be offered to secure a lease if credit is not approved, at Corporate Quarters' discretion**

Company Name:					Owners Name:				
Physical Address: Ci			City:	Stat		State:		Zip:	
Billing Address:	Billing Address:			City:	ity:			Zip):
Contact Person:				Position	1:				
Phone:	Cell:		Fax:		Email:				
Years in Business:	ars in Business:			Federal Tax ID #:					
Bank: Phone		Phone:	 B:			Account #:			
BILLING METHOD: (Please select one) ☐ Credit Card/Payment Authorization: The company credit card will be charged for monthly rent, and/or late fees, damages, missing inventory, pet fees, pay per view movies, deposits, additional services/items requested, unreturned keys, mail keys, access cards, garage openers, or any other amount requested by invoice. All monthly rent payments will be processed between the 25 th of preceding month and the 1 st day of the following month. All receipts will be mailed, faxed, or emailed to the address provided. Credit Card Number: Billing Zip:									
Direct Billing: The company would like to receive monthly invoices for all reservations. The initial payment for pro-rate and first thirty days of rent must be received prior to move in, this payment may be sent overnight, or it may be charged to the credit card number provided above for the initial payment. Delinquent accounts will accrue interest at 1.5% per month or the maximum allowable by law. The amount may be charged to the credit card number provided including late fees or any other past due invoices. If direct bill is approved and payment is not received by the due date of any invoice issued, Corporate Quarters has the right to charge past due invoices to the credit card number provided. Any changes made to the original request for billing and payment method must be made in writing. Even if your company is approved for direct bill a credit card number must be provided as well. CRIMINAL BACKGROUND CHECK (CBC) (Please select one) Apartment communities throughout our city require all occupant 18 yrs or older to have a criminal background check processed and filed. The information provided to us for this check will be held in complete confidence and will not									
be shared unless authorized by occupant, requested by apartment community, requested by law enforcement, or the court. A \$20.00 Fee will be charged per person. If employee does not have a SS# or is not a US citizen, please provide a copy of current Passport or VISA. (SEE ATTACHED)									
RESPONSIBILITY OF DAMAGES: (Please select one): Company be financially responsible for any damages or missing inventory caused by their employee. A credit card must be kept on file for payment unless direct billing is approved. Any amount invoiced to company should be paid in full within 15 days of invoice. Any amount not received by this date, CQI may place in collections with our attorney and company will be held responsible for all attorney fees, court costs, and collection costs. CQI will supply company with a breakdown of charges (if any) along with the invoice. If there are damages, photos will be provided as well.									
Company prefers that the employee be fully responsible for damages. Each employee must provide a credit card prior to the lease start date. CQI will supply employee with a breakdown of charges (if any) along with the invoice. If there are damages, photos will be provided as well.									
I declare the statements above are application is based upon approval			orize ve	erification o	f referenc	es given and	a credit chec	k. Acce	ptance of this
Authorized Company Representative: (Please Print)									
Signature of Company Representative:									

o be completed by business approving business r	eferences release	ed: Please complete	the highlighted information		
Date of Request:					
I,	(printed name of company rep)				
with	te the information (company name) give my				
permission to release the information			,		
requested concerning my credit with your company, to	o Corporate Quarte	ers, Inc. The manage	ement assures me that		
this information will be held in strict confidence.					
Signature of Company Representative:					
Please supply the numbers of	of 3 credit reference	es on the application	n:		
1. Company name:	F	Phone #:			
Contact Name:		ax #:			
2. Company name:	F	Phone #:			
Contact Name:	F	ax #:			
3. Company name:	F	Phone #:			
Contact Name:	F	ax #:			
To be completed by the business providing the re This request is for verification. Please fill out the follow approval of applicant. If there are any questions, please	ving, sign, date, ar				
assistance Angie Beavers - Corporate Quarters, Inc.) .		•		
1. Name of Company:					
Address:					
City:		State:	Zip:		
2. Payment Terms:					
3. Payment History:					
4. Phone Number of Company:					
5. How long have they been a customer?:					
6. Do they have a credit limit?:					
Signature:D	ate:				
Print Name:F	Position:				

AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK AND RESIDENT INFORMATION FORM

Apartment communities throughout our city, require all occupants, 18 or older to have a criminal background check done and on file. The information provided to your corporate housing provider for this check will be held in complete confidence and will not be shared unless authorized by occupant, requested by law enforcement, or the courts.

Resident Information:		Name:					
Address:							
City:	State:	State:		Zip:			
Date of Birth:		SSN:					
DL#:		State:					
Authorized Signature:							
Resident Information:		Name:					
Address:							
City:	State:			Zip:			
Date of Birth:			SSN:				
DL#:			State:				
Authorized Signature:							
Resident Information:		Name:					
Address:							
City:	State:			Zip:			
Date of Birth:		SSN:					
DL#:			State:				
Authorized Signature:							
Daytime Phone:		Mobile Phone:					
			Fax:				
Vehicle: Year: Ma		Model:			Tag:		
Vehicle: Year: Ma	ke:	Model:			Tag:		
In case of emergency:							

Criminal History: A Criminal Background Search will be conducted for each Leaseholder and Occupant over the age of 18. The Applicant can/will be rejected for any of the following Criminal Related reason:

- □ Felony conviction(s)
- ☐ Any Terrorist Related Conviction
- ☐ Any Illegal Drug Related Conviction
- ☐ Any Prostitution Related Conviction
- ☐ Any Sex Related Conviction
- ☐ Any Cruelty to Animals Conviction
- □ Misdemeanor Conviction Involving Crime Against Persons or Property
- ☐ Active Status on Probation or Parole Resulting from any of the Above