



CORPORATE QUARTERS, INC
Fully Furnished Apartments & Realty Service
Making Your Comfort Our Business



EXISTING CORPORATE CLIENTS

As you have worked with Corporate Quarters in the past there will not be a charge to update your 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 direct 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.

QUALIFYING 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 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

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

Any questions or concerns regarding the application process, please contact Angie Beavers
angie@corporatequarters.net or phone 865-675-3284.

Company Name:			Owners Name:		
Physical Address:		City:		State:	Zip:
Billing Address:		City:		State:	Zip:
Contact Person:			Position:		
Phone:	Cell:	Fax:	Email:		
Years in Business:		Federal Tax ID #:			
Bank:		Phone:	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 25th of preceding month and the 1st day of the following month. All receipts will be mailed, faxed, or emailed to the address provided.

Credit Card Number: _____ **CID:** _____ **Exp:** _____ **Billing Zip:** _____

Name on Card: _____ **Authorized Signature:** _____

- 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.

- Yes, a pre-employment CBC of resident was completed prior to employment and no criminal activity was reported. We will not request a copy of the background check unless a problem should arise and confirmation of the criminal background is necessary.
- No, the company did not process a pre-employment CBC on the resident. Corporate Quarters may run the CBC on the residents. A \$20.00 Fee will be charged per person.

RESPONSIBILITY OF DAMAGES: (Please select one):

- Company will be financially responsible for any damages or missing inventory caused by their employee / guest. 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 the due date, Corporate Quarters may place in collections with our attorney and company will be held responsible for all attorney fees, court costs, and collection costs. Corporate Quarters will supply company with a breakdown of charges 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. Corporate Quarters 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 true and correct, and I hereby authorize verification of references given and a credit check. Acceptance of this application is based upon approval and apartment availability.

Authorized Company Representative: (Please Print) _____

Signature of Company Representative: _____

To be completed by business approving business references released: Please complete the highlighted information

Date of Request: _____

I, _____ (printed name of company rep)
 with _____ (company name) give my
 permission to release the information
 requested concerning my credit with your company, to Corporate Quarters, Inc. The management assures me that
 this information will be held in strict confidence.

Signature of Company Representative: _____

Please supply the numbers of 3 credit references on the application:

1. Company name:	Phone #:
Contact Name:	Fax #:
2. Company name:	Phone #:
Contact Name:	Fax #:
3. Company name:	Phone #:
Contact Name:	Fax #:

To be completed by the business providing the referral:

This request is for verification. Please fill out the following, sign, date, and fax back as soon as possible to insure approval of applicant. If there are any questions, please feel free to call us. Thank you very much for your time and assistance. - Angie Beavers - Corporate Quarters, Inc.

1. Name of Company: _____

Address: _____

City: _____	State: _____	Zip: _____
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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: _____ Date: _____

Print Name: _____ Position: _____

Please fax back to 865-675-3284 at your earliest convenience