



GLOBAL P I, LLC

INVESTIGATIVE SERVICES

Phone: (561) 235.3637
E-mail Request to: Contact.GlobalPI@gmail.com
LICENSE A1100148

LANDLORD/INVESTOR/MANAGEMENT COMPANY:

PHONE NUMBER: _____ FAX NUMBER: _____

*AGENT NAME: _____

EMAIL ADDRESS: _____

PLEASE PRINT CLEARLY/ *PRESENT COPY OF DRIVER'S LICENSE

SUBJECT NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

Driver's license#: _____ State issued: _____

CURRENT ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Services requested: (check INDIVIDUAL services requested OR PACKAGE)

<input type="checkbox"/> } criminal record search	\$35.00	<input type="checkbox"/> } us credit report	\$25.00
<input type="checkbox"/> } tenancy / eviction search	\$15.00	<input type="checkbox"/> } other:	_____

TENANCY BACKGROUND PACKAGES: _____ PER INDIVIDUAL

<input type="checkbox"/> } {A} NATIONAL RETAIL CREDIT, TENANCY/EVICTION SEARCH	\$40.00
<input type="checkbox"/> } {B} TENANCY/EVICTION SEARCH, CRIMINAL SEARCH	\$50.00
<input type="checkbox"/> } {C} CREDIT REPORT, CRIMINAL RECORD	\$60.00
<input type="checkbox"/> } {D} US RETAIL CREDIT, TENANCY/EVICTION SEARCH, CRIMINAL RECORD	\$75.00

The information provided above is for the sole use of the landlord, property manager and/or his real estate agent. It will serve as a point of character verification of the prospective tenant(s). The undersigned warrants, certifies and represents the information on this rental application to be true and correct. All persons/or firms named may freely give any required information concerning me and I hereby waive all right of action for any consequence resulting from such information. I authorize and understand that the landlord, agent or property manager may obtain consumer or investigative credit reports, criminal background, eviction records and make any inquiry necessary for evaluation of my tenancy. I understand that any information obtained will be maintained by landlord, property manager, agent &/or investigative agency for up to 5 years.

SUBJECT MUST SIGN AND DATE BELOW

SUBJECT SIGNATURE: _____ DATE: _____

***** ALL PAYMENTS FOR SERVICES ARE DUE UPON REQUEST. VISIT WWW.GLOBALPILLC.COM – ‘PURCHASE OUR SERVICES’ LINK TO MAKE DIRECT PAYMENT THROUGH OUR SECURE PORTAL. EMAIL THIS FORM WITH COPY OF ID TO CONTACT.GLOBALPI@GMAIL.COM.**

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