

COMMERCIAL PRE-LEASE INVESTIGATION CONSENT FORM

Section 1 – To be completed by the administrative unit – applicant (mandatory)

Name of the inquiry applicant (Business)						
Address of the applicant:						
Contact person:	Pho	Phone:		Ext:		
Email:	Fax	:				
Local to rent (Address):		Monthly cost:		y cost:		
Section 2 - Identification of the company concerned by the investigation						
Company Name:						
Address:	Renter info		rmation (Name, Phone)			
Company phone:						
Business Email:						
Shareholder:						
Administrator:						
Section 3 - Banking Reference of the company concerned by the investigation						
Financial institution of the company:						
Phone:	Address of the institution:					
Transit:	Account number:					

this form to obtain all necessary information from his financial institution, credit office, suppliers or other sources in order to establish its financial capacity to respect the obligations of the lease. The company concerned also authorizes any personal information agency, financial institution, employer, owner, suppliers, institution and other person to provide or exchange information concerning the company finance with RS Investigations, the lessor and its representatives. This consent to the collection and disclosure of personal information is valid for 14 calendar days from the date of signing. If a lease is signed, it is also valid for its entire duration and beyond its expiry if the obligations of the company have not been fulfilled. The company concerned undertakes to sign a lease no later than the day after being informed that the rental application has been accepted. A \$ deposit to cover the investigation costs has been provided and will be retained by the landlord only if I refuse to sign a lease after being informed that my application is accepted. The landlord reserves its remedies for any other damage suffered in the event of my refusal to sign the lease. The representative of the company concerned (identified in section 2 of this form) solemnly affirms that all the information he has completed on this form are true. I certify that this information is complete and true and that I have in no way disguised, falsified or omitted facts tha could invalidate this form or influence the decision of the landlord. I am advised that a false declaration may result in	Name Provider #1:		Contact person:	
Address: Phone: Account:	Address:	Phone:		Account:
Address: Phone: Account:				
Name Provider #3: Address: Phone: Account: The company concerned, authorizes RS Investigations, the landlord and his representatives identified in section 1 of this form to obtain all necessary information from his financial institution, credit office, suppliers or other sources in order to establish its financial capacity to respect the obligations of the lease. The company concerned also authorizes any personal information agency, financial institution, employer, owner, suppliers, institution and other person to provide or exchange information concerning the company finance with RS Investigations, the lessor and its representatives. This consent to the collection and disclosure of personal information is valid for 14 calendar days from the date of signing. If a lease is signed, it is also valid for its entire duration and beyond its expiry if the obligations of the company have not been fulfilled. The company concerned undertakes to sign a lease no later than the day after being informed that the rental application has been accepted. A \$ deposit to cover the investigation costs has been provided and will be retained by the landlord only if I refuse to sign a lease after being informed that my application is accepted. The landlord reserves its remedies for any other damage suffered in the event of my refusal to sign the lease. The representative of the company concerned (identified in section 2 of this form) solemnly affirms that all the information he has completed on this form are true. I certify that this information is complete and true and that I have in no way disguised, falsified or omitted facts tha could invalidate this form or influence the decision of the landlord. I am advised that a false declaration may result in the cancellation of the lease.	Name Provider #2:		Contact per	rson:
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Signature: Date:	could invalidate this form or influence the			
	Signature:	Date:		

In order to send us this form, simply register it locally once completed and then send it by e-mail as an attachment to info@rsenquetes.ca, or print it out and send it to us by fax at 579-632-6680.

Signature as a duly authorized representative