



8 Glanvilles Mill  
Ivybridge  
Devon  
PL21 9PS

Tel 01752 895379

**MISSING INFORMATION WILL RESULT IN DELAYS!**

**FULL CREDIT REFERENCE – COMPANY APPLICATION**

**1. SERVICE REQUIRED**

This section should be completed by the **LETTING AGENT**

<b>FULL REFERENCE</b> <input type="checkbox"/>	
<b>RENT PROTECTION (6mths)</b> <input type="checkbox"/>	<b>EXECUTIVE PROTECTION (6mths)</b> <input type="checkbox"/>
<b>RENT PROTECTION (12mths)</b> <input type="checkbox"/>	<b>EXECUTIVE PROTECTION (12mths)</b> <input type="checkbox"/>

**2. LANDLORD AND PRORERTY DETAILS**

This section should be completed by the **LETTING AGENT**

Address of property to be let:	
Postcode:	
Rent per month:	
Rental period:	
Tenancy start date:	
Prospective Landlord's name:	
Prospective Landlord's address:	
Postcode:	
Landlord's phone number (mobile if have as well)	

**3. COMPANY DETAILS**

This section should be completed by the **COMPANY**

Full Company Name:	<input type="text"/>		
Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Company Registration Number:	<input type="text"/>	Date of Formation:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Current Business Address:	<input type="text"/>		
<input type="text"/>			
Postcode:			
Period at Address:	<input type="text"/> Years	<input type="text"/> Months	
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		
Do you own the Property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Commercial Tenant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the Company Adverse Credit History?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES please give details on a separate sheet.			

**4. HOLDING COMPANY DETAILS**

This section should be completed by the **COMPANY**

Full Company Name:	<input type="text"/>		
Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Company Registration Number:	<input type="text"/>		
Current Business Address:	<input type="text"/>		
<input type="text"/>			
Postcode:			
Period at Address:	<input type="text"/> Years	<input type="text"/> Months	
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

**5. MANAGING AGENT DETAILS**  
(For previous or existing Company lets)

This section should be completed by the **COMPANY**

Name of Managing Agent (if applicable):	<input type="text"/>		
Address:	<input type="text"/>		
	Postcode:		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		
If property not held for the last three years please provide address(es) and dates on a separate sheet if necessary			
Address 2:	<input type="text"/>		
	Postcode:		
Period at Address:	<input type="text"/> Years	<input type="text"/> Months	

**6. ACCOUNTANT / AUDITOR DETAILS**

This section should be completed by the **COMPANY**

Contact Name:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>		
	Postcode:		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		
How long have they acted for you?	<input type="text"/> Years	<input type="text"/> Months	

**7. SOLICITORS DETAILS**

This section should be completed by the **COMPANY**

Practice Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Address:	<input type="text"/>		
	Postcode:		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

**8. PROPRIETOR'S / PARTNER'S / DIRECTORS DETAILS**

This section should be completed by the **COMPANY**

Name: 1	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Telephone:	<input type="text"/>	Date of Birth	<input type="text"/>
Name: 2	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Telephone:	<input type="text"/>	Date of Birth	<input type="text"/>
Name:	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Name: 3	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Telephone:	<input type="text"/>	Date of Birth	<input type="text"/>

**9. TRADE REFERENCES (2 REQUIRED)**

This section should be completed by the **COMPANY**

Name: 1	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Name: 2	<input type="text"/>	Address:	<input type="text"/>
			Postcode:
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

**10. PROPOSED OCCUPIER DETAILS**

This section should be completed by the **COMPANY**

Title:	<input type="text"/>	First name(s):	<input type="text"/>	Surname:	<input type="text"/>
Position in Company:	<input type="text"/>				
Are you a smoker:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have any pets? (specify)	<input type="text"/>				
Nationality:	<input type="text"/>				
Who will pay the utility bills?	The Occupier:	<input type="checkbox"/>	The Company:	<input type="checkbox"/>	

**11. DECLARATION**

This section should be completed by the **COMPANY**

I confirm that the information supplied is to the best of my knowledge and belief, true. I have no objections being verified by fair and lawful means, which will involve contacting referees supplied. The results of Rentshield Direct's findings will be forwarded to the appointed Letting Agent and/or Landlord and may be accessed again should I apply for a tenancy agreement in the future. I agree that Rentshield Direct may search the files of a credit reference agency which will keep a record of that search. Details of how I conduct the account may also be disclosed to the agency. This information may be used by other lenders in assessing applications from me and other members of my household and for occasional debt tracing and fraud prevention. All information will be treated as confidential. We may offer you other products and services in the future. If you do not wish to receive them, please tick here

For and on behalf of the  
Company:

Date:

Print Name:

Position: