

Landlord Tenant Services

Phone: 618-692-6966

Fax: 618-692-6988

Web: www.LTservices.us

Email: carla@LTservices.us

Membership Form

Name: _____

LTS ID: _____

Company: _____

F.E.I.N. # _____

Address: _____

Home #: _____

City _____ State _____ Zip _____

Work #: _____

Cell #: _____

Number of Rental Properties: _____

Fax #: _____

Property Location/s: _____

Email: _____

How did you hear about LTS? _____

Website: _____

Property:

Billing:

Type Of Property: (check all that apply)

- House
- Apt. Complex
- Condo
- Duplex
- Mobile Home Park
- Other

How Would You Like To Be Billed?

- Pay by credit card as you go.
- Pay by credit card monthly. (Card kept in confidential file.)
- Applicant pays by credit card (checks are not accepted from applicant)
You would need to have applicant call in with a credit card.
- Monthly Billing. (LTS will only accept checks from the landlord.)

CREDIT CARD INFORMATION: \$35 Annual Membership Fee Lifetime Membership (no annual fee): \$75.00

Name of Card Holder: _____ Exp Date: _____

Card Number: _____ Visa/MC: _____ Zip Code: _____

Do you wish to keep you card on file? Yes No (secure location) (Where you receive your billing statement)

By signing this form you are authorizing Landlord Tenant Services to process your credit card for payment.

Landlord Print Name

Landlord Signature

Date:

Your Business Is Appreciated And We Will Do Our Best To Serve You!!!