

Move In Confirmation for: Jane Doe

Dear Leasing Agents and Managers;

My name is **John Smith** and I am an apartment locator with **ABC Realty**. Recently one of my clients, **Jane Doe**, moved into your apartment community and I need some additional information from you before I send my invoice.

Please print this form and confirm the move in of my client by filling in and verifying the information. If you have any questions or need more information, please do not hesitate to contact me.

Contact me at: 281-000-000 License#: [000000](#) Email: john@abcrealty.com

Thank you,
John Smith - ABC Realty

Please fax this completed form to: 281-000-0001 (no cover sheet needed)

[ADS Registration Report](#) ← click this link to view the history of my relationship with this client, including when referrals were made. The report is provided by Apartment Data Services as an independent third party. If you are unable to click the link or need more information call Apartment Data Services at 800/595-8730 x 428

<p>Client: <input type="text" value="Jane"/> <input type="text" value="Doe"/></p> <p>Move In Date: <input type="text" value="03/30/2015"/> Lease Expires: <input type="text" value="03/31/2016"/></p> <p>Unit#: <input type="text" value="1111"/> Type(#beds/baths): <input type="text" value="2/2"/></p> <p>Rent(\$/mo): <input type="text" value="\$1853.00"/> Lease Term: <input type="text" value="12 mo"/></p> <p>Commission: <input type="text" value="\$1300.00"/></p> <p>Please indicate either YES or NO:</p> <p>Did you verify my ADS Registration? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Is my name/company listed on the Guest Card? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Is my name/company listed on the Application? <input type="radio"/> YES <input type="radio"/> NO</p> <p>Payment policy (#of days, requirements etc.):</p> <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>	<p>Apartment: Maroneal, The 2222 Maroneal Houston, TX 77030 713/592-9996 Fax: 713/592-9997 maroneal@lincolnapts.com</p> <p>How should I send the invoice?</p> <p>Email to: <input type="text"/></p> <p>Fax to: <input type="text"/></p> <p>Mail to: <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Person to contact about payment?</p> <p>Name: <input type="text"/></p> <p>Phone: <input type="text"/></p> <p>Email: <input type="text"/></p>
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Authorized Signature: Date:
Printed Name & Title:

Please fax this completed form to: 281-000-0001 (no cover sheet needed)