



CAPITOL HILL STAY



Furnished residences on Capitol Hill



Corporate Application Information

Company Information:

Company Name: _____

Company Address: _____

Company Telephone: _____

Company Fax: _____

Company website (if applicable): _____

Tax ID and home state of incorporation (if nonprofit or other entity, provide identifying information as known: _____

Where did you hear of CHS (if internet, what site)? _____

Did someone refer you to CHS? If so, who? _____

Company contact (company person responsible for filling out application, signing rental agreement and providing payment):

Name: _____

Title/Position: _____

Telephone: _____

Fax: _____

Email: _____

Capitol Hill Stay property applied for: _____

Requested rental period: _____

Signature of person filling out application _____

All Capitol Hill Stay properties are non-smoking.

