

**NATIONAL CREDIT CHECK
CREDIT REPORT AUTHORIZATION FAX FORM**

PLEASE HAVE THIS INFORMATION CONCERNING YOUR APPLICANT AVAILABLE WHEN CALLING OR FAXING FOR CREDIT VERIFICATION. PLEASE HAVE COMPLETE ADDRESS INCLUDING STREET NUMBER, CITY, STATE AND ZIP CODE.

YOU MUST ALWAYS FAX YOUR APPLICANT'S SIGNED PERMISSION PRIOR TO ORDERING THEIR CREDIT REPORT.

APPLICANT _____
Last First Middle

SPOUSE (IF JOINT REPORT) _____
First Middle

PRESENT ADDRESS _____
Number Street Apt.#

CITY _____ STATE _____ ZIP _____

APPLICANT SSN# _____ SPOUSE SSN# _____

DRIVER'S LICENSE # _____ STATE _____

I AUTHORIZE _____ TO ORDER MY CREDIT REPORT FROM NATIONAL CREDIT CHECK: CERTIFICATION OF SPECIFIC PURPOSE:

REAL ESTATE RENTAL

REAL ESTATE PURCHASE

APPLICANT SIGNATURE DATE SPOUSE SIGNATURE DATE

REPORT TYPE: TRANSUNION _ TRW _ EQUIFAX _ BUSINESS _

ACCOUNT # _____ PERSON ORDERING REPORT _____

PHONE _____ FAX _____

PHONE 1-800-634-9100 FAX 1-800-382-6505
P.O. BOX 1309, CARLSBAD, CALIFORNIA 92018