# 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