CREDIT REPORT AUTHORIZATION

DATE: _____

SHOPPING CENTER: _____

LOCATION: _____

TENANT INFORMATION

NAME: _____

DATE OF BIRTH: _____/_____/_____ SS#: _____/_____/_____

DRIVERS LIC. #: _____ STATE: _____

PRESENT ADDRESS: _____
Number Street

_____
City State Zip

HOME PHONE #: _____

PRESENT EMPLOYER: _____

_____
Number Street

_____
City State Zip

WORK PHONE #: _____

I declare that the above information is true and correct, authorize its verification, and authorize the obtaining of a consumer credit report.

Signature: _____ Date: _____