

Date invoiced

Reno/Sparks Association of REALTORS® Credit Report Authorization Form

The undersigned hereby authorizes the REALTOR[®] office specified below to run a credit report. I understand that the report will be obtained solely for the purpose of tenant screening. In the event of an adverse action based on the credit report, I may request a copy of the credit report from TransUnion Consumer Relations, 2 Baldwin Place, PO Box1000, Chester, PA 19022; 800-888-4213 or www.transunion.com/myoptions.

Tenant Information (An asterisk (*) denotes required field.)

| *Name Please print | *Social Sec | curity # | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|----------------------------------------|
| *Name Please print | | | |
| Current Address | | | |
| *Address | | | |
| *City | *State | _*Zip | |
| Previous Address (If less than one year a | t current addres | s) | |
| Address | | | |
| City | State | Zip | |
| *Prospective Tenant Signature | | | Date |
| *Prospective Tenant Signature | | | Date |
| REALTOR® Office Information The undersigned agrees to retain this author | rization for a mini | mum of throo | 2) years from the date of inquiry |
| *Agent Name | | | |
| *Office Name | | | |
| *Agent Authorization Signature | | | *Date |
| Reno/Sparks Association of REALTORS [®] proce Please fax this completed form to 775-823-8805 this service. Reports cannot be processed f REALTORS [®] members. If you have any question | before 4:30 p.m. f for yourself, famil | or same day rep y members or | port. Broker must have subscription to |
| For Reno/Sparks Association of REALTORS® offic | e use only. | | |
| Date processed Staff initia | als | | |

Invoice number