

APPLICATION / AUTHORIZATION FOR CREDIT AND BACKGROUND CHECK

Corporate Name: _____

Present Corporate Address: _____

Nature and Scope of Business: _____

FEIN: _____ **State of Incorporation:** _____ **Length of Time in Business:** _____

Principal Officer: _____ **Position:** _____

Home Address: _____

Social Security #: _____ **Date of Birth:** _____

Driver's License #: _____ **State:** _____

Cell Phone # _____ **Work Phone #** _____ **Home Phone #** _____

Email Address _____

Principal Officer: _____ **Position:** _____

Home Address: _____

Social Security #: _____ **Date of Birth:** _____

Driver's License #: _____ **State:** _____

Cell Phone # _____ **Work Phone #** _____ **Home Phone #** _____

Email Address: _____

Current Landlord: _____ **Phone #** _____

Current Bank: _____ **Phone #** _____

Length Account Open: _____

Emergency Contact 1: _____ **Phone #** _____

Emergency Contact 2: _____ **Phone #** _____

Reference 1: _____ **Phone #** _____

I hereby authorize any bank, savings and loan association, place of employment, credit union, credit reporting agency, or any other organization, institution or persons, that have records or knowledge of me, to give Todd Miller Realty Inc. and its agents to whom I have submitted my application, any information pertaining to my financial records or credit worthiness. This authorization shall also apply for any prequalification requirements or background checks as may be necessary to establish maximum rental amounts. A Photostat copy of this authorization shall be valid as the original and may be attached to verification forms. **Todd Miller Realty is authorized to share all information obtained with the owners of the properties for which they are applying.**

****Please email with your driver's license to: toddmiller_crossroadsvirtual@yahoo.com or by fax to: 954-437-5099****

Signature

Date

Signature

Date