

CANADIAN CREDIT RELEASE FORM

APPLICANT AUTHORIZATION

I authorize the below named (or its agent) to obtain a copy of my Credit Bureau Report

COMPANY/PROSPECTIVE LANDLORD/PROPERTY MANAGEMENT COMPANY/HOA/COMMUNITY/
DEVELOPMENT/DEVELOPER/RENTAL COMPANY OR AGENT OF SAME

APPLICANT INFORMATION

****It is very important that you indicate any name changes, either through marriage, divorce or legal changes.**

APPLICANT: SURNAME FIRST MIDDLE

MAIDEN/FORMER SURNAMES OR NAME CHANGES

ADDRESS: STREET/PO BOX/RR # CITY/PROVINCE POSTAL CODE

TELEPHONE: DRIVER'S LIC # :

EMAIL ADDRESS:

DATE OF BIRTH: YEAR MONTH DAY PLACE OF BIRTH: CITY/PROVINCE-STATE/COUNTRY

SIN/SSN: MALE FEMALE

APPLICANT SIGNATURE

By signing this waiver, I acknowledge full understanding of its content and meaning and hereby give my informed consent.

APPLICANT'S SIGNATURE: DATE:

Please fax this completed form to (561) 290-0588 or email to releases@empscreening.com. Thank you! ESS