

Credit Check Consent

I, (print full legal name) _____, the undersigned consumer, direct Re/Max Allegiance and its partners, to obtain a copy of my credit report. This consent shall automatically expire thirty (30) days from the date of my signature below.

Signature (Full Legal Name)

Date

Social Security Number: _____

Date of Birth: ____ / ____ / ____

Address (Two-year history)

____ / ____ / ____ to ____ / ____ / ____

Address: _____

City: _____ State: _____

____ / ____ / ____ to ____ / ____ / ____

Address: _____

City: _____ State: _____

Home Phone: _____

Work Phone: _____

Note: A Signed Credit Check Consent is required for each person to be considered for a home loan.

Your Real Estate Agent:

Robert Kaczanowski, Realtor

Re/Max Allegiance (office phone: 301-352-4100)

6000 Laurel-Bowie Road, Bowie, MD 20715

Website: <http://www.MD-Realty.Net>

e-mail: Robert@MD-Realty.Net

Phone: (301) 464-0592 • (443) 270-1374 • Toll Free: 1-888-653-6281

Fax: (301) 352-4168

