



Credit Bureau

www.accuratecredit.com

APPLICANT DISCLOSURE FORM

**Applicants must COMPLETE AND SIGN – FAX W/DRIVERS LICENSE TO 440-366-6269
(In the event that you do not have a Fax machine, simply fill out and sign this document, take a picture of the application and your driver's license and text to 440-574-0350. If you have questions call 440-574-0350)**

Address of Rental _____

Applicant's Name _____

Day Phone _____ Home Phone _____

Address _____

City/State/Zip _____

Social Security Number _____

Date of Birth _____ Driver's License #/State _____

I authorize Accurate Credit Bureau to obtain my consumer credit report and public records and to investigate any personal information on me necessary to arrive at an applicant decision.

Signature _____ Date ____/____/____

****WARNING/CONFIDENTIAL****

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify the sender by telephone immediately (626 798-6670). Thank you for your cooperation.

IMPORTANT DECISIONS DEMAND ACCURATE INFORMATION

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