



Credit Check

BUSINESS INFORMATION	
FIRM NAME: _____ ADDRESS: _____ MAILING ADDRESS: _____	CONTACT: _____ PHONE: _____ YEAR ESTABLISHED: _____ FIRM TYPE: _____ Tax ID #: _____
BANK REFERENCES	
ACCOUNT NO.: _____ CONTACT: _____ PHONE: _____	ACCOUNT NO.: _____ CONTACT: _____ PHONE: _____
PERSONAL INFORMATION	
NAME: _____ ADDRESS: _____ SOCIAL SECURITY: _____	DRIVERS LICENSE #: _____ DATE OF BIRTH: _____ HOME PHONE #: _____
TRADE REFERENCES:	
FIRM NAME: _____ ADDRESS: _____ PHONE: _____	FIRM NAME: _____ ADDRESS: _____ PHONE: _____
FIRM NAME: _____ ADDRESS: _____ PHONE: _____	FIRM NAME: _____ ADDRESS: _____ PHONE: _____
FIRM NAME: _____ ADDRESS: _____ PHONE: _____	FIRM NAME: _____ ADDRESS: _____ PHONE: _____

I hereby authorize the person to whom this application is made or any credit bureau or other investigative agency employed by such person to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my (our) credit and financial responsibility. I hereby give permission to Zip Reports to obtain my credit report and forward a copy to Investment Realty Company, L.C.

Signature: _____ Date: _____

Please fax this back to Donna Skinner at (210) 828-8797 and we will immediately process the information through Zip Reports. This information will be kept in confidence and only shared with the Landlord for his review in conjunction with your lease.

CONFIDENTIAL
Please send this document back with care.