



RE/MAX Allegiance

Credit Report Order Form

Name of Requestor: _____
 Office: _____
 Phone/Fax Number: _____
 Email: _____

Make \$35 check payable to RE/MAX Allegiance per credit report. Please print clearly.

First Name	
Middle Name or Initial	
Last Name	
Social Security Number	
House Number (Apt. Number if applicable)	
Street Name	
City	
State	
Zip/Postal Code	
Inquiry Type (check one)	<input type="checkbox"/> Individual <input type="checkbox"/> Joint
<i>If Joint, Complete Below. (Applicant must be married to co-applicant and reside at the same residence)</i>	
Spouse's First and Last Name	
Spouse's Social Security Number	

I hereby certify that the information provided above is true and understand that it will be verified by a credit institution. RE/MAX Allegiance reserves the right to accept or reject this application. All property is available to all persons without regard to the individual's race, color, religion, sex and/or national origin. I understand that there will be a \$35.00 Credit Report Application Fee per applicant.

 Applicant Signature

 Date

 Applicant Signature

 Date