MANAGEMENT FILE NAME: _____

11636 N KENDALL DR, MIAMI, FL 33176-1005 Tel: 305-270-1616 Fax: 305-274-7041

CREDIT REPORT AUTHORIZATION

The undersigned hereby authorizes Bild Properties, Inc. to run a credit report through any of the credit reporting agencies.

(Note: This is not a formal application and does not obligate me/us to any additional expense nor is this a formal application to rent or to buy from Bild Properties, Inc. A photographic or facsimile copy of this authorization may be deemed to be equivalent of the original.)

□ Please attach a copy of driver's license for all parties. (Please enlarge to 130%)
□ Credit Report Pricing
○ $25 per person
○ $30 per person for payments made with credit cards

APPLICANT 1	APPLICANT 2
Full Name (First, Middle Initial, Last)	**Full Name** (First, Middle Initial, Last)
_____	_____
Social Security Number	**Social Security Number**
_____ - _____ - _____	_____ - _____ - _____
Mailing Address (Use address registered with bank and credit cards.)	**Mailing Address** (Use address registered with bank and credit cards.)
_____	_____
_____	_____
_____ **Signature**	_____ **Signature**
_____ **Date**	_____ **Date**
TOTAL AMOUNT PAID:_____	**PAYMENT TYPE:** _____