



Request for Credit Information



CREDIT REPORTS MAY BE ORDERED MONDAY THROUGH FRIDAY 8:30 A.M. TO 3:30 P.M.

Phone: 214.540.2753 ~ RealtorStore@dfwre.com ~ Fax: 214.540.2743

INCLUDE ALL PAGES OF THE SIGNED LEASE APPLICATION FORM (TAR 2003)

Charge is per Applicant
Tax will be added

<input type="checkbox"/>	BASIC CREDIT REPORT (Allow 1 business day)	Member \$20.00	MLS Only \$25.00
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Charge is per Applicant
Tax will be added

<input type="checkbox"/>	FULL CREDIT REPORT (Allow 1-2 business days)	Member \$30.00	MLS Only \$42.50
<input type="checkbox"/>	EMPLOYMENT VERIFICATION (Allow 1-2 business days)	\$6.00+options (Non Refundable)	
<i>If third-party verification company is required additional fees may apply</i>			
<input type="checkbox"/>	RENTAL VERIFICATION (Allow 1-2 business days)	\$6.00 (Non Refundable)	

1. An AUTHORIZATION TO REQUEST CREDIT REPORTS must be on file at MetroTex listing the members in the office authorized to request credit information.
2. Credit reports may be charged to the company only by the Designated Realtor® or the Office Manager of record. Credit reports ordered by other authorized individuals must be paid for when ordered.
3. Fully complete this form and send any additional documents requested. **Incomplete forms cannot be processed.**

Requesting member please provide payment information:

American Express	Discover	MasterCard	Visa
Credit Card #: _____		Exp: _____	
Name on card: _____		Zip Code _____	

By my signature below I certify that:

- a. My firm has an *AUTHORIZATION TO REQUEST CREDIT REPORTS* form on file which authorizes me to order credit reports through MetroTex.
- b. I acknowledge that I SHALL NOT disclose credit information to Applicant except as authorized by the Federal Credit Reporting Act.
- c. I hereby confirm that this credit report is being obtained for the purpose of establishing creditworthiness for a potential purchase or lease of real property.

Signature _____

Printed Name _____

Company Name _____

Phone Number _____

Realtor License Number _____

Email Address _____

APPLICANT:

NAME MUST BE SAME AS ON DRIVERS LICENSE

Name: _____

Current
Residence: _____

City/State/ZIP: _____

S.S.# _____ Date of Birth: _____

CO-APPLICANT:

NAME MUST BE SAME AS ON DRIVERS LICENSE

Name: _____

Current
Residence: _____

City/State/ZIP: _____

S.S.# _____ Date of Birth: _____