

CREDIT CHECK APPLICATION

Last Name	:			
First Name	:			
Middle Name	:			
Present Address	:			
	City		Province	Postal Code
Phone Number	:			
Email Address	:			
Driver's License	:			
Date of Birth	:			S.I.N:
		mm / dd / yyyy		

LETTER OF CONSENT

I hereby authorize RE/MAX Excel Realty Ltd., Brokerage to obtain a credit check on me from Rent Check and to disclose of any information concerning the undersigned to Rent Check or to any person with whom the undersigned has or proposed to have financial relations.

Signature of Applicant

RE/MAX EXCEL REALTY LTD. Brokerage *each Office is Independently Owned and Operated 50 Acadia Ave., Suite 120, Markham, Ontario L3R 0B3 Phone: 905-475-4750 Fax: 905-475-4770 www.remaxexcel.com