

PLEASE PRINT CLEARLY WITH A BLACK PEN

Subscriber Information

I hereby certify that I am obtaining the information requested herein for a legitimate business need, in connection with a business transaction that was initiated by the consumer and for which the consumer has given me and Tenant Data Services, Inc. ("Tenant Data") written permission to request such information. I hereby certify that the information I receive from Tenant Data will be for the purpose stated herein and for no other purpose. I further certify that such information is not being requested for employment purposes.

Your Name/Company Name: _____ **Acct #:** _____

Phone: _____ **Fax:** _____

Signature of Authorized User: _____ **Date:** _____

Request 1

First Name: _____ **Middle:** _____ **Last:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____/____/____

Driver's License Number: _____ **State Issued:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Request 2

First Name: _____ **Middle:** _____ **Last:** _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____/____/____

Driver's License Number: _____ **State Issued:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Employer: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Please complete this form and fax to Tenant Data Services. Reports will be returned during normal office hours.

Reports are available by computer 7 days a week. Call for more information.