

\* Available 7 days a week

\* Same day service

\*No account necessary



900 S Winchester Blvd #9, San Jose, Ca 95128

Phone: (408) 244-4903 or (800) 706-7878 ~~Fax: (408) 244-7059~~ or (408) 244-1545

## CONSUMER CREDIT REPORT AUTHORIZATION FORM

Please provide the following information and sign below (please print legibly)

Last name \_\_\_\_\_ First name \_\_\_\_\_

Current address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Driver's License or State ID # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_

I represent that statements made above are true and correct and hereby authorize Bay Rentals to order a background check, including but not limited to, the obtaining of a consumer credit report and unlawful detainer filings through National Credit Reporting.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment method (\$25 ea.) ( ) cash ( ) credit card ( ) check ( ) debit

Credit card # \_\_\_\_\_ Exp \_\_\_\_\_ Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Upon Completion of Report

2<sup>nd</sup> Fax to: 925-743-9822 Attention: Matt Branagh

1<sup>st</sup> Email to: matthb@branagh.net