

**GREATER SYRACUSE ASSOCIATION OF REALTORS®  
CREDIT REPORT REQUEST FORM**

**JOINT OR  
INDIVIDUAL**

**COMPANY SUBMITTING  
REPORT**

**AGENT SUBMITTING  
REPORT**

**APPLICANT**

LAST NAME	FIRST NAME	MI		SOCIAL SECURITY #	DOB (M/D/Y)
ADDRESS	CITY	STATE	ZIP	PHONE #	
PREVIOUS ADDRESS	CITY	STATE	ZIP		
<b>CO-APPLICANT</b>					
LAST NAME	FIRST NAME	MI		SOCIAL SECURITY #	DOB (M/D/Y)
ADDRESS	CITY	STATE	ZIP	PHONE #	
PREVIOUS ADDRESS	CITY	STATE	ZIP		

**AUTHORIZATION OF CREDIT REPORT**

I (we) hereby authorize the Credit Bureau of Central New York, Inc. to prepare a consumer credit report with respect to me (us) and to furnish this report to the Greater Syracuse Association of REALTORS® and I request them to forward the consumer credit report to \_\_\_\_\_ (Broker). I (we) agree that the Greater Syracuse Association of REALTORS® shall not be responsible for the Broker's use of the consumer credit report, and I (we) do hereby release the Greater Syracuse Association of REALTORS® for any responsibility therefor.

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_