

LEASING CREDIT APPLICATION
JM REAL ESTATE, INC.
2425 PINEAPPLE AVENUE, SUITE 108
MELBOURNE, FL 32935
(321) 242-2882
(321) 242-2883 - FAX

I, the undersigned consumer, do hereby authorize JM Real Estate, Inc., by and through its independent contractor, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former address; criminal and civil history/records; and any other public record; and, any other information bearing on my credit standing, credit capacity, creditworthiness, character, general reputation, personal characteristics, trustworthiness and/or mode of living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the independent contractor performing this search that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to JM Real Estate, Inc., by and through said independent contractor, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

CORPORATION / COMPANY NAME

BUSINESS ADDRESS

Street Number

Street Name

City

State

Zip

County

TAX ID#

TYPE OF BUSINESS (Corporation, Sole Proprietor, Partnership)

PRINTED NAME

Last

First

Middle & Maiden name

SIGNATURE _____ DATE _____

RESIDENCE ADDRESS

Street Number

Street Name

City

State

Zip

County

SOCIAL SECURITY NUMBER

D.O.B.

SPOUSE (if applicable

SPOUSE SOCIAL SECURITY NUMBER

D.O.B.

TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

STATE

CURRENT OR FORMER BUSINESS LANDLORD:

CONTACT NAME:

PHONE:

ADDRESS OF CURRENT/FORMER
LEASED SPACE:

Street Number

Street Name

City

State

Zip

County

BUSINESS OR PERSONAL BANK

BANK ACCOUNT NUMBER

CREDIT REFERENCES

NAME:

PHONE:

NAME:

PHONE:

NAME:

PHONE: