



# Application Credit Check

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## APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

**Associated Credit Systems, Inc.**  
711 East Main Street #24  
Medford, OR 97504  
800-460-3117 • 541-734-7055 • Fax 888-391-9919

I understand that ASSOCIATED CREDIT SYSTEMS, INC. (ACS, Inc.) will be processing my rental application and may access my credit information from the national repositories. I authorize my references and creditors to release, to ACS, Inc., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner wherever possible. Furthermore, I understand ACS, Inc. has my authorization to research all public records for my criminal and eviction history.

I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report.

I further authorize ACS, Inc. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Spouse: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Applicant SS#: \_\_\_\_\_ Applicant Date of Birth: \_\_\_\_\_

Spouse SS#: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### IMPORTANT – IF APPLICANTS ARE NOT MARRIED, SEPARATE APPLICATIONS MUST BE FILLED OUT

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Business Requesting Report: Grid Property Management, LLC

Ordered By: Steve Kreitzberg, Manager  
Phone: 503-321-5140  
Fax: 503-722-1374  
Account: 97818105

Report Type: Gold Report