

REQUEST TO OBTAIN MY CREDIT HISTORY REPORT

PLEASE PRINT

Name:

LAST NAME

FIRST NAME

INITIAL SUFFIX (Sr, Jr, etc.)

Current Address:

STREET ADDRESS

APT.

CITY

PROVINCE

POSTAL CODE

PREVIOUS ADDRESS(ES) (within last 5 years)

Previous Address:

STREET ADDRESS

APT.

CITY

PROVINCE

POSTAL CODE

STREET ADDRESS

APT.

CITY

PROVINCE

POSTAL CODE

Phone Number:

Date of Birth:

MONTH

DAY

YEAR

Social Insurance No.

(OPTIONAL)

The name and major credit card:

WERE YOU DENIED CREDIT? NO YES BY WHICH INSTITUTION?

WHEN?

To Whom It May Concern,

I, _____, hereby allow Sincere Real Estate Services Ltd. to act on by behalf to obtain my credit history report. Please accept this document as my permission for Sincere Real Estate Services Ltd. to obtain my credit history report.

Signed By:

Date Signed: