

\* Available 7 days a week

\* Same day service

\*No account necessary

# ***BayRentals.com***

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**

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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** \_\_\_\_\_

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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** \_\_\_\_\_

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### **Upon Completion of Report**

Fax to: \_\_\_\_\_ Attention: \_\_\_\_\_

Email to: \_\_\_\_\_