Submit by Email | Print Form

Broker:_____ Property:_____ Space:_____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize LaGREE ASSOCIATES, LLC to verify records of my past and present employment and income, as well as financial accounts and other assets balances, to obtain a consumer and/or business credit report and verify information regarding my past and present credit accounts, including rental accounts, in order to process my credit statement. I request all referenced employers, financial institutions, landlords and other creditors to accept a photocopy of this signed authorization as evidence of my consent to release the requested information to LaGREE ASSOCIATES, LLC. I understand LaGree Associates will be accessing my personal credit report.

LaGree Associates may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.

Applicant Signature: _____ Date signed:_____

Print Name: _____ Phone #: _____
First MI Last

Social Security Number: _____Date of Birth:_____

Applicant Address: _____
_____

Military Status: NONE: _____ Reserve:_____ Active____ Branch_____
Retired _____ Date_____

Commander Name:_____ Telephone No._____

Co-Applicant

Signature of Co-applicant: _____ Date signed: _____

Print Name: _____ Phone #: _____

Social Security Number: _____ Date of birth: _____

Co Applicant's address: _____
_____
_____

Military Status: NA_____ Active____ Reserve____ Branch_____
Retired _____ Date_____
Commander Name:_____ Telephone No._____

RETURN TO: LaGree Associates LLC, 3000 United Founders Blvd #200, Oklahoma City, OK 73112; 405-879-1171; 405-879-1174-fax – email: nic@lagree.biz