REQUEST FOR CREDIT CHECK

Client Code:	K26	Client Name	Client Name: Cynergy Realty	
Client Phone:	617-482-6388	Client Fax:	617-482-3335	
Agent/Broker Requ	uesting Report:			
Applicant Informat (CLEARLY IN BLOC	ion: CK LETTERS WITH N	O ABBREVIATIONS	PLEASE)	
Full Name (First Mi	ddle Last) of Applica	ant include JR/SR/II/	/III etc.	
Social Security Number		Date of Birth		
Street Address				
City		State	Zip	
By completing this credit records.	form applicant is au	thorizing agent to l	ookup applicants	
Signed:				
Print Name:		_		

Sanjeonics Fax 617.298-5674