



81 Harvard Street - Brookline MA
www.TriStateRealtyGroup.com

Request for Credit Check

Date: _____

Name of Applicant: _____

Home Address: _____

Social Security #: _____

Date of Birth: _____

I fully understand that by signing this form I am authorizing Tri-State Realty Group to check my credit history and credit records.

Signature: _____

Print Full Name: _____

Driver License / Other Form of ID
