



ACCURATE INFORMATION SERVICES

PO Box 101 Avon, NJ 07717
800-937- 5669 Fax: (973) 257-3511

General Release Form

Applicant

Co-Applicant

Name (First / MI /Last)

Name (First / MI / Last)

Present Street Address

Present Street Address

City/State/Zip Code

City/State/Zip Code

Previous Street Address

Previous Street Address

City/State/Zip Code

City/State/Zip Code

Telephone #

Telephone #

Date of Birth / Social Security #

Date of Birth / Social Security #

Driver's License # / State of Issue

Driver's License # / State of Issue

Authorization

By signing below I hereby voluntary authorize the undersigned organization to secure a credit, tenancy, background / criminal history and /or motor vehicle history check in my name through Accurate Information Services. I further authorize the release of any and all information found in reference to my name to the undersigned organization now or in the future and to consider this information when making decisions regarding my tenancy or employment with the undersigned organization. I am also aware that any inaccurate information on this form may be reason for an automatic denial to rent or employ.

I agree to hold harmless the undersigned organization and Accurate Information Services for any incorrect or misleading information that may be provided to the undersigned organization and Accurate Information Services in connection with or as a result of any credit, tenancy, background / criminal history and / or motor vehicle history check.

Signature / Date

Signature / Date

CRIMINAL CHECKS ONLY: I do/do not have a criminal record. If so please provide details: _____

Nature of Offense / Date / State / County

Agency/Company Information

Company / Name / Account Number

Phone Number / Fax Number

Credit Card Information

Account Holder / Card Type

Card Number / Expiration Date / V-code

Authorized Signature