FULL CONSUMER CREDIT REPORT RELEASE rev: 11/20/07

Toll free fax: 800-537-3297 Local Fax: 931-537-3682 FAIR CREDIT REPORTING ACT AGREEMENT

Compliance by the Subscriber with all provisions of the Federal Fair Credit Reporting Act (Public Law 91-508, 15 U.S.C. Section 1681 ET SEQ., 604-615) and Consumer Credit Reporting Act (California Civil Code Sec. 1785.1-1785.34) or other jurisdictional requirements. Information will be requested only for the Subscriber's exclusive use, and the Subscriber will certify for each request the purpose for which the information is sought and that the information will be used for no other purposes. Subscriber agrees and understands that The Source shall only furnish Consumer Credit Reports to a Subscriber who it has reason to believe will use the report for permissible purposes, namely:

	(YOU	MUST CHECK ONE)
[A]	EMPLOYMENT PURPOSES	
[B]		OF THE CONSUMER TO WHOM IT RELATES
[C]	·	ion of an account of the consumer)
[D]		ACTION, EXTENSION, OR JUDGMENT
[E]		LICENSE / BENEFIT AS REQUIRED BY LAW
[F] [G]	BUSINESS TRANSACTION INI	use of report for an insurance claim is prohibited)
[H]		ion 454 of the Social Security act (42 U.S.C. 654)
[I]		IANT SCREEN APLICATION INVOLVING THE CONSUMER
[J]	BY COURT ORDER (having jur	isdiction or a subpoena issued by a Federal Grand Jury)
	Consumer from a Consumer Reporting Age	d above, provides that any person who knowingly and willfully obtains ency under false pretenses shall be fined not more than \$5,000.00 or imprisoned
	assessed against The Source based upon th	and hold harmless from and against any and all cost and liabilities which may be improper use by Subscriber of credit or any other information furnished to
•		reement to be executed by the duly authorized party.
CUSTOMER #_	PHONE #	DATE:
YOUR COMPA	.NY NAME:	
YOUR COMPA	NY ADDRESS:	
AGENT:		AGENT:
	PRINT NAME OF AGENT	LEGIBLE SIGNATURE OF AGENT r the END USER exclusive use and will be used for no other purposes.
	services that the requested report is for	tine Extended the case and will be used for no other purposes.
NAME of END	USER AGENT:	PHONE#
NAME of END	USER COMPANY:	
YOU N	MUST CHECK ONE OF THE NUI	MBERS LISTED BELOW (CHOICE OF BUREAU'S)
	(Note TRANS-UNIO	ON for Employment Purposes Only)
1. CD1FC - (CBI-EQUIFAX)		4. CD4FC - (CBI-EQUIFAX & EXPERIAN)
2. CD2FC - (EXPERIAN)		5. CD5FC - (CBI-EQUIFAX & TRANS-UNION)
3. CD3FC - (TRANS-UNION)		6. CD6FC - (EXPERIAN & TRANS-UNION)
	7. CD7FC - (CBI-	-EQUIFAX, EXPERIAN & TRANS-UNION)
NAME OF SU	ВЈЕСТ:	SSN:
	(NOT RESPONSIE	BLE FOR INTERPRETATION OF ORDERS NOT TYPED)

This request must be accompanied by one of the following: signed and dated authorization of the consumer to obtain a full consumer credit report; or a subpoena issued by a Federal Grand Jury; or by Court Order having jurisdiction; Or a court signed judgment; or a signed and dated tenant screening application with authorization to obtain a full consumer credit report. Please see our approved authorization on the next page.