

Consent to disclose the audit results of my credit report

l,	, hereby cons	ent and authorize any institutions or
	ailable any information rel	lating to my credit report in order to
APPLICANT		
Last name:	First Name :	
Phone : ()		
Email :		
TENANT		
Name:	First Name:	
DDN: Y Y Y Y \ M M \ D [
Address:	City:	Province:
Postal Code:	Telephone: ()	_
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	• .	the sending of the results to the
		esponsibility the persons or
companies providing the	personal information abou	ut me.
	VVVV	/ \ \ \ \ \ \ \ \ \ \
 (signature)		Y \MM\DD Date)
(316) latal C/	(D	, acc

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