



CREDIT CHECK AUTHORIZATION FORM

I \_\_\_\_\_ hereby do authorize Berkowitz Acquisitions to conduct a confidential credit check on my financial responsibility and credit worthiness on behalf of SELLER. I further authorize Berkowitz Acquisitions to conduct a background and character reference check on behalf of SELLER. All information shall be used solely for the purpose of this transaction.

A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

APPLICANT:
Last Name First Name Middle Suffix SSN #
SPOUSE:
Last Name First Name Middle Suffix SSN #

CURRENT ADDRESS:
Street City State Zip Length of Occupancy
PREVIOUS ADDRESS:
Street City State Zip Length of Occupancy

If length of occupancy at current address is less than two years, please enter a previous address.

Applicant Signature Date Applicant Spouse's Signature Date

Remit Form to Berkowitz Acquisitions at:
6615 W. Boynton Beach Blvd., Suite 350
Boynton Beach, FL 33437-3526
Tel: (561) 241-2412 Fax: (561) 375-6338