



## AUTHORIZATION TO RELEASE CREDIT INFORMATION

Date: \_\_\_\_\_

I/we, \_\_\_\_\_, do hereby, give permission, for Bullhead City Property Management & Sales, to obtain my/our full credit report through their authorized agency. This information is to be used by Bullhead City Property Management & Sales for rental screening only.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Signature of Joint Applicant (if any)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address City State Zip Code

Designated Broker, Debra Martin

1788 Highway 95, Suite 14  
Bullhead City, AZ 86442  
928-704-2727

