

Williams Shelton & Associates

Property Management Division

3430 E. Russell Rd. Las Vegas, NV 89120

t. 702.434-6494

w.<http://www.was-management.com>

Tenant Credit Authorization Statement

This shall authorize the procurement of a consumer credit report for Williams Shelton & Associates. In connection with this request, I authorize all credit agencies to release information they may have about me to Williams Shelton & Associates

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right to request additional disclosure as to the nature and scope of the investigation, upon written request to the credit agency, within a reasonable period of time.

_____ Signature	_____ Print	_____ Date
_____ Birth Name	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth
	_____ Diver Lic #	_____ State

If a spouse or a second applicant is involved, please include the information requested below and be sure both applicants sign this document.

_____ Signature	_____ Print	_____ Date
_____ Birth Name	_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth
	_____ Diver Lic #	_____ State