



RELEASE OF INFORMATION AUTHORIZATION

Last Name (Print): _____
Middle Name (Print): _____
First Name (Print): _____
Address (Print): _____
City, State, Zip Code (Print): _____
Telephone Number: _____
Social Security Number: _____
Date Of Birth (MONTH / DAY / YEAR): _____

BUSINESS NAME: _____
LEASE PROPERTY NAME: _____
LEASE PROPERTY ADDRESS: _____
LEASE PROPERTY SUITE NUMBER: _____
LEASING AGENT: _____

Please complete the information requested, sign & date where indicated and return to:

**Property Resources Group
Attn: Wendi Lawson
4265 45th Street South - Suite 200
Fargo, North Dakota 58104
Fax: (701) 281-9501**

I hereby give permission to Property Resources Group and/or it's affiliates to obtain a credit report, background information and financial information on myself.

Name (Print) _____
Date

Signature

*Please return within 3 days of receipt ♦ One form per applicant