

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 John Diaz Group at:
 2005 Vista Parkway, Suite 100
 West Palm Beach, FL 33411
 Tel: (561) 352-3569
 johndiazgroup@kw.com