



# CAIN REALTY MANAGEMENT CORP.

4 Cain Drive · Box 815 · Plainview NY 11803 · 516.681.6000 · (fax) 516.681.6001 · [www.cainrealtymanagement.com](http://www.cainrealtymanagement.com)

**Please print:**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

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Company Business ID#: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Company Telephone Number: \_\_\_\_\_

Company Fax Number: \_\_\_\_\_

Company E-Mail Address: \_\_\_\_\_

Corporate Officer executing the lease: \_\_\_\_\_

Title of Corporate Officer: \_\_\_\_\_

Principal's Home Address: \_\_\_\_\_

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Principal's Home Telephone: \_\_\_\_\_

Principal's Cell Phone: \_\_\_\_\_

Principal's E-Mail Address: \_\_\_\_\_

Please fax or email ([sara@cainrealtymanagement.com](mailto:sara@cainrealtymanagement.com)) this information and the "Authorization Form" to our office. All information will be kept confidential.

We thank you for your cooperation.

# AUTHORIZATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No: \_\_\_\_\_

I hereby authorize Cain Realty Management Corp. to obtain my credit report.

Signature: \_\_\_\_\_

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