

AUTHORITY TO PERFORM COMMERCIAL CREDIT CHECK

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

BANK REFERENCE:

BRANCH: _____

CONTACT NAME: _____

CONTACT PHONE: _____

**THE UNDERSIGNED HEREBY AUTHORIZES PACIFIC ASSET
MANAGEMENT CORPORATION TO PERFORM A CREDIT CHECK AND
OBTAIN INFORMATION FROM CREDIT REPORTING SOURCES AND ANY
OTHER SOURCES THAT MAY BE AVAILABLE IN CONJUNCTION WITH
THEIR APPLICATION FOR TENANCY.**

SIGNED THIS _____ DAY OF _____ 200__

Return completed form to: Pacific Asset Management Corporation
#410 – 145 Chadwick Court
North Vancouver, B.C.
V7M 3K1

or by fax to: 980-0768