

Authorization to Pull Credit Report

Please Print Legibly and Complete All Areas

Full Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Primary Phone Number: (____) _____ - _____

School District: _____

Music Instructor Name: _____

I understand that by signing below, I hereby authorize Frank Rieman Music, Inc. to obtain a consumer credit report through a credit reporting company chosen by Frank Rieman Music, Inc.

Signature: _____ Date: ____ / ____ / ____

Please deliver completed form to our Rental Account Manager, Christi Woodruff, via one of the following methods:

FAX: (515)264-1075 | EMAIL: christiw@riemans.com | Mail To: Frank Rieman Music, Inc

Attn: Christi Woodruff
4420 E Broadway Ave
Des Moines, IA 50317



(515)262-0365

800-372-6051

www.riemanmusic.com