ALL THE FACTS OF LA, LLC

PO BOX 411 KEITHVILLE, LA 71047 (318) 222-5676 Please Fax Requests to: (318) 425-8524 Or Email to jturner@all-the-facts.com

Date:	Store Number:		
Customer Name:	Phone: (_)	Fax:()
Applicant Information:			
(First)	(Middle)	(Maiden)	(Last)
Date of Birth:/	/ Race,	/Sex:	/
Social Security Number: Driver's License # & State:			
Current Address:			
(Street Name and Number)	(City)	(State)	(Zip)
I DO HEREBY GIVE PERMISSION TO, A ASSIGNED AGENT, ALL THE FACTS T OR CONVCITIONS, PERSONAL DRIVIN TRAFFIC CONVICTIONS, CIVIL SUIT I HISTORY. INFORMATION AS TO RACI	O INVESTIGATE AND F IG RECORDS, EXCLUSI NFORMATION AND CR E, SEX AND AGE IS FOF	REPORT ANY HISTO ONS FROM MECIAI EDIT REPORT OR E R IDENTIFICATION	RY INVOLVING CRIMINAL ARREST RE/MEDICAID OR GSA EXCLUSIONS, MPLOYMENT CREDIT REPORT PURPOSES ONLY.
Applicant Signature: OFFICE USE ONLY:PLEASE DO NOT FILL OUT			
Please select from the following services: CREDIT REPORT/EMPLOYMENT CREDIT:		YES NO (CIRCLE ONE)	
CIVIL EVICTIONS (REPORTS E	VICTIONS LOCAL	LY): YES NO (CI	RCLE ONE)
LOCAL CRIMINAL CHECK*: YES NO (CIRCLE ONE) (CADDO & BOSSIER PARISH, SHREVEPORT AND BOSSIER CITY)			
OTHER COUNTY AND STATE (PLEASE LIST (I)		(3)	
DRIVING RECORD		YES NO (CI	RCLE ONE)
SOCIAL SECURITY NUMBER TRACE:		YES NO (CIRCLE ONE)	
HHS/OIG MEDICAID/MEDICARE FRAUD		YES NO (CIRCLE ONE)	
GSA LIST OF EXCLUSIONS		YES NO (CIRCLE ONE)	