

# CREDIT REPORT AUTHORIZATION FORM

DEALERSHIP: \_\_\_\_\_

<b>SSN:</b>	<b>DOB:</b>
<b>FIRST NAME:</b>	<b>LAST NAME:</b>
<b>STREET NUMBER:</b>	<b>STREET NAME:</b>
<b>ZIP CODE:</b>	<b>CITY/STATE:</b>

I certify that the above information is complete and accurate. I authorize and Dealer and Credit Company my consent to obtain my credit report from any Credit Reporting Agency and complete an investigation of my credit

I understand and acknowledge that if I ask, I will be informed if a credit report has been requested in connection with any credit application I submit for credit, and the name and address of the Credit Reporting Agency that furnished the report.

**Driver**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_