

CREDIT REPORT AUTHORIZATION FORM

CONSENT

With my signature below I, _____, authorize The Credit Empire, to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

APPLICANT'S DETAILS

FULL NAME: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE OF BIRTH: _____

DRIVERS LICENSE #: _____ STATE: _____

CURRENT ADDRESS: _____

- MOVE-IN DATE: _____

Provide Addresses for the Last 3 Years

PREVIOUS ADDRESS: _____

- MOVE-IN DATE: _____
- MOVE-OUT DATE: _____

PREVIOUS ADDRESS: _____

- MOVE-IN DATE: _____
- MOVE-OUT DATE: _____

AUTHORIZATION

Applicant's Signature: _____ Date: _____

Print Name: _____