

CREDIT REPORT AUTHORIZATION FORM

I, _____, authorize a background check and/or consumer credit report(s) to be pulled by Lender.

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).

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 Name: _____

Social Security Number: _____ - _____ - _____

Street: _____

City: _____

State: _____

Phone: _____

Email: _____

APPLICANT SIGNATURE: _____

DATE: _____