

# A.R.I. Financial, Inc.

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## Credit Verification Consent Form

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

SSN#: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

\_\_\_\_\_

Work Phone #: \_\_\_\_\_

\_\_\_\_\_

Cell #: \_\_\_\_\_

I/We hereby give our consent to have **A.R.I. Financial, Inc.** obtain any and all information concerning my/our employment, checking and/or savings accounts, obligations and all other credit matters which may be required in connection with my/our application for a lease or commercial property. This form may be reproduced or photocopied and that said copy shall be as effective as consent of the original which I/we have signed.

**Signature of Applicant:**

**Signature of Spouse:**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_