

INITIAL INVESTIGATIONS, INC.

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**AUTHORIZATION FOR CREDIT REPORT**

Please Fill in name, driver's license, date of birth, and social security numbers where indicated. Print this page, sign and date where indicated.

Mail, scan and email, or fax to Initial Investigations at the above address.

**CONSENT**

I, \_\_\_\_\_ hereby agree to release of my credit to Initial Investigations, Inc. I waive any and all claims of confidentiality to such information. This release and waiver is valid only for the use of Initial Investigations, Inc. in evaluating my credit.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/20\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_\_

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

Please attach a copy of your driver's license or photo ID.