



CREDIT CHECK AND BACKGROUND CHECK AUTHORIZATION

My signature below is authorizing a Consume Credit Card and or Background Check on me.

This authorization is valid for purposes of verifying information given of all purposes, covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain all criminal information available on me.

This authorization shall be valid in original or copy form.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Social Security #: _____ D.O.B: _____

Signature: _____ Date: _____

Full Name (Please Print): _____