

PERMISSION TO OBTAIN A CREDIT REPORT

It is not the purpose of this report to delight in obtaining personal records and information, rather to protect the interests of the local church. Thank you for taking the time to give the following information.

APPLICANT INFORMATION

First Name:

Last Name:

Address:

City:

State / Province:

Postal Code:

Home Telephone:

Ext:

Work Telephone:

Fax Number:

Email Address:

Date Of Birth:

Social Security Number:

Place of Employment:

SPOUSE'S INFORMATION (If suggested by the church)

First Name:

Last Name:

Date Of Birth:

Social Security Number:

Place of Employment:

My submission of this form authorizes _____, to obtain and consult my consumer credit report.

Signature - Full Name of Applicant:

Printed – Full Name of Applicant:

Date: _____

Signature - Full Name of Spouse:

Printed – Full Name of Applicant:

Date: _____

I hereby certify that all information entered above is valid and accurate.

_____ (initials)