



791 NE 5th St Crystal River, FL 34429  
 Phone 352-795-7572 • 888-474-2270 • Fax 866-588-3604

CREDIT REPORT SIGNATURE AUTHORIZATION

- Individual Report                       Tenant Check  
 Joint Report                               Other \_\_\_\_\_

Purpose for Report: \_\_\_\_\_

**Be sure to complete all areas of the information section. Use your full legal name including any suffix (Jr., Sr., and III.) Do not abbreviate the city or street names.**

Personal Information (please print)

|                                       |  |             |  |
|---------------------------------------|--|-------------|--|
| Applicant Name:                       |  |             |  |
| Address<br>City, State Zip:           |  |             |  |
| Previous Address<br>City, State, ZIP: |  |             |  |
| Social Security#:                     |  | Telephone#: |  |

Spouse Information (please print)

|                   |  |             |  |
|-------------------|--|-------------|--|
| Applicant Name:   |  |             |  |
| Social Security#: |  | Telephone#: |  |

I hereby grant my permission for the USA Credit Bureau to access my credit file and do a background survey in line with this business transaction. I agree to hold the USA Credit Bureau and \_\_\_\_\_ harmless for anything which may appear on this report.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_