

**CREDIT CHECK AUTHORIZATION FORM**

I \_\_\_\_\_ hereby do authorize SELLER, or their representative to conduct a confidential credit check on my financial responsibility and credit worthiness. I further authorize SELLER to conduct a background and character reference check. All information shall be used solely for the purpose of this transaction.

A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

<b>APPLICANT</b>					
	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>	<b>SSN #</b>
<b>SPOUSE</b>					
	<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Suffix</b>	<b>SSN #</b>

<b>PRESENT ADDRESS</b>			
	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>PREVIOUS ADDRESS</b>			
	<b>City</b>	<b>State</b>	<b>Zip</b>

If at present address less than two years, please enter pervious address.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant's Spouse Date