



CREDIT INFORMATION RELEASE

Please complete the following questions as thoroughly as possible.
All information will be kept strictly confidential.

DATE: _____

Name of Applicant: _____
First Middle Last

Present Address: _____
No. & Street City State Zip

(If less than five years)
Previous Address: _____
No & Street City State Zip

Do you own your own business now? YES _____ NO _____

If YES, please give the following information:

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CREDIT HISTORY

Home Phone: _____ Business Phone: _____ Social Security No. _____
(___) _____ - _____ (___) _____ - _____ _____ - _____ - _____

Drivers License No. _____ Date of Birth: _____

I, the undersigned, do hereby authorize (1) _____ and its designated representative(s) to make whatever inquiries regarding my financial status, as indicated on the foregoing Credit History application.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____