



8546 W Homosassa Trl Ste 4, Homosassa FL 34448
 Phone 352-628-2580 • 888-474-2270 • Fax 866-588-3604

SIGNATURE AUTHORIZATION SHEET

- Collection
- Driving Record
- Background Check
- SS# Trace

Other: _____

Use full legal name including any suffix (Jr., Sr., and III.) Do not abbreviate the city/street.

Personal Information (please print)

Subject Name (Male/Female):				Male or Female
Address City, State Zip:				
Telephone#:		Work Phone#:		
Drivers License#:		DL State:		
Social Security#:		Date of Birth:		

Collection Information (please print)

Date of Service/ Purchase & Description:			
Balance Outstanding:		Last Payment: Date/Amount	

By my signature below, I hereby authorize the USA Credit Bureau to compile the background information requested or collect on the account referenced above. I agree to hold the USA Credit Bureau harmless for anything which may appear on this report and understand that the information received is deemed to be from reliable sources.

Ordered By:

Date

Organization: