



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

SIGNATURE AUTHORIZATION SHEET

- Collection
- Address History
- Driving Record
- 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 <input type="checkbox"/>	Female <input type="checkbox"/>
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.

Signature _____ Date _____

Organization _____