



8546 W Homosassa Trl, Homosassa FL 34448
 Phone 352-628-2580 • 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 City, State Zip: | | | |
| Previous Address 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 _____