

CREDIT REPORT AUTHORIZATION

The following information concerning the applicant must be completed fully, including: address, street number, city, state, zip code and social security numbers.

You must always have your applicant sign permission prior to ordering their credit report.

Applicant: _____

Social Security Number: _____

Applicant: _____

Social Security Number: _____

Present Address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Former address if less than two (2) years at present address:

Former Address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

I/We authorize Amerinet Financial Services Inc. to order' my/our credit report.

Applicant Signature: _____

Applicant Signature: _____

Date: _____

Amerinet Associate

Date

