CREDIT CHECK AUTHORIZATION FORM

I _____ hereby do authorize SELLER, or their representative to conduct a confidential credit check on my financial responsibility and credit worthiness. I further authorize SELLER to conduct a background and character reference check. All information shall be used solely for the purpose of this transaction.

A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

APPLICANT							
	Last	**First**	**Middle**	**Suffix**	**SSN #**		
SPOUSE							
	Last	**First**	**Middle**	**Suffix**	**SSN #**		

PRESENT ADDRESS			
	City	**State**	**Zip**
PREVIOUS ADDRESS			
	City	**State**	**Zip**

If at present address less than two years, please enter pervious address.

_____ _____

Applicant Date Applicant's Spouse Date