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AUTHORIZATION FOR CREDIT CHECK

LAST NAME: _____ FIRST NAME: _____ INTL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

IF A JOINT REPORT IS DESIRED, PLEASE COMPLETE THE FOLLOWING

SPOUSE'S FIRST NAME: _____ INTL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

I HEREBY AUTHORIZE ALERT CREDIT BUREAU, INC. TO OBTAIN AND FURNISH TO THE ALERT CREDIT BUREAU INC. MEMBER, COPIES OF MY CREDIT BUREAU FROM ANY OR ALL OF THE MAJOR CREDIT REPORTING AGENCIES. I UNDERSTAND THAT ANY CHANGES OR CORRECTIONS I WISH TO MAKE TO MY CREDIT RECORDS, OR DISPUTES OF INFORMATION CONTAINED THERE IN MUST BE HANDLED WITH THE CREDIT BUREAU SUPPLYING THE INFORMATION ON THE REPORT. I MUST FIRST OBTAIN A REPORT DIRECTLY FROM THE SUPPLYING CREDIT BUREAU, BEFORE REQUESTING ANY CHANGES.

SIGNED BY: _____ DATE: _____

SPOUSE SIGNATURE BY: _____ DATE: _____

MEMBER USE ONLY

MEMBER # _____ MEMBER NAME: _____

BILLING ADDRESS: _____

TEL: _____ FAX: _____ CONTACT PERSON: _____

PLEASE CHECK ONE OF THE FOLLOWING PACKAGES:

CREDIT REPORT ONLY EVICTION OR CRIMINAL OTHER: _____

ALL CRIMINAL AND EVICTION RECORDS ARE OUT OF THE STATE OF COLORADO. IF OUT OF STATE CRIMINAL CHECK IS DESIRED PLEASE CONTACT OUR OFFICE AT (303) 825-8469.