

# AUTHORITY TO DO CREDIT CHECK

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address (If current address less than 2 years) \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ S.I.N. \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer (if less than 2 years) \_\_\_\_\_ Phone # \_\_\_\_\_

I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

The consent is given pursuant to Chapter 78, Section 12, of the Credit Reporting Act, R.S.B.C. 1979

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Signature