

# Alert Credit Bureau Inc.

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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  
AN ADDITIONAL FEE WILL BE CHARGED PER BUREAU

SPOUSE'S FIRST NAME: \_\_\_\_\_ INTL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I HEREBY AUTHORIZE ALERT CREDIT BUREAU, INC. TO OBTAIN COPIES OF MY CREDIT BUREAU REPORT.  
THE INITIATION OF THIS BUSINESS TRANSACTION IS FOR THE LEGITIMATE BUSINESS NEED OF BANKRUPTCY,  
THE PERMISSIBLE PURPOSE FOR THIS REPORT IS UNDER FCRA SECTION 604(a)(3)(F)(I). I UNDERSTAND THAT ANY  
CORRECTIONS I WISH TO MAKE TO MY CREDIT RECORDS, OR DISPUTES OF INFORMATION  
CONTAINED THERIN 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: \_\_\_\_\_

STATE IDENTIFICATION #: \_\_\_\_\_ STATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE IDENTIFICATION #: \_\_\_\_\_ STATE: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE SIGN YOUR FULL NAME)

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### MEMBER USE ONLY

MEMBER # \_\_\_\_\_ MEMBER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

CREDIT REPORT ONLY WITH DECODES