

AUTHORIZATION FORM FOR CREDIT REPORTS

I authorize the Chamber of Commerce of Clearfield to obtain a credit report on myself through the credit-reporting agency of its choice.

I understand that the Credit Bureau can give me a copy of the report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

Full Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Current Employer: _____

Signature: _____

Date: _____