

## CREDIT REPORT AUTHORIZATION FORM

I/We authorize Crystal Clear Credit Management Services to order a consumer credit report and verify other credit information. This authorization expires 180 days from the date indicated below.

\_\_\_\_\_  
Borrower Signature                      Social Security No.                      Date

\_\_\_\_\_  
Co-Borrower Signature                      Social Security No.                      Date

Name (Borrower) \_\_\_\_\_

Name (Co-Borrower) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number                      (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Borrower)

Social Security Number                      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Co-Borrower)

Date of Birth                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Borrower)

Date of Birth                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Co-Borrower)

Credit Card number \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

-or-

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check Number \_\_\_\_\_

I authorize CCC Mgt. Services to charge \$29.95 (individual) / \$39.95 (joint) to the bank account number listed above.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date