

Credit Bureau

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APPLICANT CONSENT FORM

HAVE APPLICANT COMPLETE AND SIGN – EMAIL OR FAX W/DRIVERS LICENSE TO info@accuratecredit.com 512 285-6336

Applicant's Name				
Day Phone	Home Phone			
Email address:				
Address				
City/State/Zip				
Social Security Number				
Date of Birth	Driver's License #/State			
	to obtain my consumer credit report and ary to arrive at an applicant decision.	d public records a	and to in	vestigate any
Signature		Date	/	/

****WARNING/CONFIDENTIAL****

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