

CREDIT REPORT AUTHORIZATION

◆ All information supplied is strictly confidential ◆

NAME OF PRINCIPAL: _____ (FIRST) (MIDDLE) (LAST)
ADDRESS: _____
PREVIOUS ADDRESS: _____
DOB: ____ / ____ / ____ SS #: ____ - ____ - ____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: () _____ - _____ FAX: () _____ - _____

EMAIL: _____

Prior to the delivery of any services, the undersigned hereby consents to and authorizes Mountain Temp Services, LLC (Herein after referred to as MTS) to make any inquiries into the credit history, including but not limited to the checking of credit reports, employment and income history, bank, money market and similar account balances of the above described corporation, limited liability company, partnership or individual, and any principals of the foregoing (Client), as MTS deems necessary or advisable to assist MTS in analyzing and determining the credit worthiness of Client.

SIGNATURE: _____ DATE: _____

TITLE: _____