

Credit Bureau Access Agreement Form

Applicant Information

Full Name:

Date of Birth:

Social Security Number:

Current Address:

Agreement

By signing below, I authorize [Your Company Name] to access my credit report from any credit bureau for the purpose of evaluating my application. I understand that my credit information will be used in accordance with applicable laws and regulations.

☐ I agree to the terms and conditions.

Authorization

Signature:

Date:

Submit