



103 N Main, PO Box 20, Westby, WI 54667 • vernoncom.coop • (608) 634-3136 • fax (608) 634-2000

Authorization for Credit Check

Applicant

Name—First, Middle Initial, Last,

Maiden/Other Last Name(s)

Current (Service) Address—Number, Street, City, State, Zip

Contact Number /Alternate

Previous Address—Number, Street, City, State, Zip

Phone Number

Do you rent at the current location? **Yes** **No**
If YES, Landlord's name and phone number

By signing this form, I hereby authorize Vernon Communications Cooperative to check my credit history.

Printed Name _____

Signature _____

Date _____

Office Use Only. Do NOT fill in. We will contact you via phone for information.

Driver's License Number

State Issued

Expiration Date

Date of Birth

Social Security Number