



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, M.I., Last,                      Maiden/Other Last Name(s)                      Date of Birth

\_\_\_\_\_  
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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number                      State Issued                      Expiration Date

\_\_\_\_\_  
Employer Name                      Employer                      Phone Number

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

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_