



WORLD - CLASS TECHNOLOGY. UNRIVALED LOCAL SERVICE.

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 _____

Driver's License Number

State Issued

Expiration Date

Date of Birth

Social Security Number