

Consent to Credit Check Form

I, the undersigned, hereby authorize and give my consent to the recipient of this form to obtain, use, and verify information pertaining to my credit history and credit report for the purpose of assessing my creditworthiness. I understand that this information will be used solely for the stated purpose and will be handled confidentially.

Full Name

Current Address

Date of Birth

Social Security Number / National ID

Phone Number

Email Address

Purpose of Credit Check (optional)

Signature

Print Name

Date