

BORROWER SIGNATURE AUTHORIZATION FORM

I/We hereby authorize Trinity Credit Services to order a consumer credit report and verify other credit information. This authorization expires 180 days from the date indicated below.

Borrower Signature **Social Security No.** **Date**

Co-Borrower Signature **Social Security No.** **Date**

Name (Borrower) _____

Name (Co-Borrower) _____

Address _____

City, State Zip _____

Phone Number (____) ____ - ____

Social Security Number (Borrower) ____ - ____ - ____

Social Security Number (Co-Borrower) ____ - ____ - ____

Date of Birth (Borrower) ____ / ____ / ____

Date of Birth (Co-Borrower) ____ / ____ / ____

Credit Card Number _____

Exp Date _____ **3-Digit Code** _____

-or-

Bank Routing Number _____ **Account Number** _____

Check Number _____

I authorize TCS to charge \$24.95 (individual) / \$39.95 (joint) to the bank account number listed above.

Authorized Signature

Date