

CREDIT CHECK AUTHORIZATION

I _____ by signing below on this document have given authorization
Please Print
to Weiss & Mueller, Ltd., or any other 3rdparty, to obtain and or run a personal credit report on myself. I agree to hold Weiss & Mueller, Ltd. and its client harmless regarding any information that is obtained during this credit check. I am aware that this report is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report, if not hired.

Applicant: The request for your date of birth is to be used in performing a criminal record search only, and is not used in consideration of employment.

Signature Date

Last Name First Name Middle Name Maiden Name

Address City State Zip

Social Security Number: _____ Date of Birth: _____

DL#: _____ State: _____

Submitted By: _____ (Dealer Name)

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax _____

Contact: _____

Fax this form along with a copy of applicant's drivers license to Weiss & Mueller, Ltd. at **815-997-1600**
Phone 800-251-3357
www.weissandmueller.com