



Authorization to Obtain Consumer Reports

First Name: _____ **Middle Name:** _____

Last Name: _____

SS #: _____ **Date of Birth:** _____

Street Address: _____

City _____ **State:** _____ **Zip:** _____

Prior Address: _____

City: _____ **State** _____ **Zip** _____

Driver's License # _____ **State** _____

I authorize PAYGO Distributors to conduct a background check on me. I understand that in connection with this background check, consumer reports may be obtained. I understand that such reports may include, without limitation, public record information concerning my driving record, and criminal records from federal, state, local and other agencies, which maintain such records. I understand that I may request a copy of my background check report.

I hereby, authorize PAYGO Distributors to procure such consumer report(s). This authorization shall remain on file and shall serve as ongoing authorization for PAYGO Distributors to procure consumer reports at any time.

Applicant Signature _____ **Date** _____