

# AUTHORIZATION TO OBTAIN CONSUMER REPORT

The following is information required in order for SHOSHONE PROPANE to obtain a complete consumer report INCLUDING a consumer credit report:

Full Legal Name : \_\_\_\_\_  
(First Name, Full Middle Name, Last Name)

All Previously Used Former or Other Names: (AKA, Maiden Names, Married Names, Surnames, Etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Street Address 1: \_\_\_\_\_ Dates Resided Here: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Street Address 2: \_\_\_\_\_ Dates Resided Here: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Street Address 3: \_\_\_\_\_ Dates Resided Here: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Email Address\*: \_\_\_\_\_ Gender\*\*: M / F Race\*\*: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth\*\*: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Your signature below indicates the following:**

- 1) You authorize, without reservation, Trak-1 or any third party to obtain and/or furnish to SHOSHONE PROPANE any records or information referenced in the provided disclosure statement for residency related purposes;
- 2) You authorize SHOSHONE PROPANE ongoing procurement of any records or information, reports and records at any time during your lease to the extent allowed by law;
- 3) You authorize the use of a fax or photocopy of this authorization as having the same authority as the original;
- 4) You authorize and request, without reservation, any present or former employer, landlord, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other entity, person or agency having knowledge about you to furnish SHOSHONE PROPANE and/or Trak-1 with any and all background information in their possession regarding you for these stated purposes;
- 5) You understand and agree that in connection with your lease your consumer report information, whether investigative or otherwise, may be shared with and/or reviewed by all applicable parties involved in the leasing process;
- 6) You have read and fully understand the foregoing disclosure and this authorization.
- 7) You certify that all the information you have provided on this form is true, complete, correct and accurate; and
- 8) You certify you have received, reviewed and understand the "Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.)" which is published by the Federal Trade Commission to help you know your rights.
- 9)

**APPLICANT/CONSUMER Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Your email address will be provided to notify you when any adverse public record information is being reported.

\*\* This information will be used for background screening and record matching purposes only.

# SHOSHONE PROPANE APPLICATION

MONTHLY INCOME (Employment)				
EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP
EMPLOYER PHONE	CONTACT/SUPERVISOR'S NAME	START DATE	YEARS IN FIELD?	GROSS MONTHLY INCOME
PREVIOUS EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP
EMPLOYER PHONE	CONTACT/SUPERVISOR'S NAME	START DATE & END DATE	REASON FOR LEAVING	
OTHER INCOME SOURCES (Housing Assistance, Alimony, Child Support, Education Assistance, Etc.)				
SOURCE	AMOUNT PER MONTH	CONTACT PERSON	CONTACT PHONE	
BANK REFERENCE (Indicate Bank and Services Used)				
NAME OF INSTITUTION	ACCOUNT NUMBER	ACCOUNT TYPE	BALANCE	PHONE NUMBER

APPLICANT/CONSUMER Signature: \_\_\_\_\_ Date: \_\_\_\_\_