

CREDIT SCORE CHECK CONSENT FORM



Privacy statement:

Personal information is handled in a confidential manner and is protected. This document is strictly reserved for use by the person or entity to whom it is addressed.

Fields marked with a * are required.

I* _____ agree to allow a verification of my credit files and authorize all companies, institutions, corporations and associations to release any information they have about me to the manager for whom this form was completed or to any other parties acting for them, thus releasing them from all responsibility.

Information on person concerned

Last Name*: _____ First Name*: _____

Date of birth* (dd/mm/yyyy): _____

Address*: _____ City*: _____

Province*: _____ Postal Code*: _____ Country*: _____

SIGNATURE / CONSENT / PERSON CONCERNED

Form must be signed by person concerned*

Your information

Last Name*: _____ First Name*: _____

Phone Number*: _____ Email Address*: _____

The form can be completed directly online or manually when printed.
Fields marked with a * are required.

INSTRUCTIONS

1. To print the form, click the button, **Print Form** at the bottom of the page.
2. **Have the PDF file signed** by the person concerned.
3. **Make your payment via PAYPAL**, the transaction number, name of the account holder in the section provided below.
4. **Scan** the completed and signed form.
5. **Send** scanned files by email at the following address: info@simdetectives.com

PAYPAL Transaction ID*: _____ Date*: _____

PAYPAL Account or credit card holder name*: _____