CREDIT CHECK AUTHORIZATION

Please provide the following information:

Full Name: _____

Social Security Number: _____

Current Address: _____

Date Of Birth: _____

Driver's License Number & State of Issue: _____

Spouse's Name: _____

Previous Addresses in the Last Five Years:

Number & Street, City, State, Zip: _____

Years: _____

Number & Street, City, State, Zip: _____

Years: _____

Number & Street, City, State, Zip: _____

Years: _____

I certify that I am the person named above and that I am, submitting this request for my own credit report.

SIGNATURE: _____

DATE: _____

Greene County Economic Development Corporation
411 Main Street, Catskill, NY 12414

GreeneCountyEDC.com