

# AUTHORIZATION TO CHECK CREDIT

<i>APPLICANT: Full Name</i>			
<i>SPOUSE Full Name (if joint application)</i>			
<i>Present Address:</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Prior Address</i>			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Applicant SS#</i>	<i>Date of Birth</i>	<i>Spouse SS#</i>	<i>Spouse Date of Birth</i>
<i>Drivers License Number</i>			<i>State of Issue</i>
<i>Name of Bank</i>			<i>Account Number</i>
<i>Employer Name</i>			<i>City/State</i>

In connection with a transaction involving the purchase or financing of a business or real estate, or the leasing of real estate, I hereby authorize Allegiant, Inc. (Broker) or its designee to order a credit report on me :

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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License No. H-52359

*Please fax a signed and completed copy of this form to (404) 704-0236*