PO Box 1386 Columbia, SC 29202 www.icscredit.com

Phone: 1-800-345-2746 Fax: 1-888-571-7222 Email: <u>info@icscredit.com</u>



AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innov	vative Credit Solution	s and/or any and all financial institu	tions, credit
bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status, a credit report, criminal records (including felony and misdemeanor records),			
connection with a(n)		application to:	
	(NAME OF COMPANY REQU	ESTING REPORT)	
Person reports are requested on:			
Print Name:		Date:	
Signature:			
Social Security #		Date of Birth:	
Present Address:			
City:	State:	ZIP (required):	

A copy of a prospective employee's application may be needed for processing some of the pre-employment reports.

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