

MIDLANTIC BUSINESS BROKERS

CREDIT RELEASE AUTHORIZATION

DATE

This is my / our request and authorization for Midlantic Business Brokers to obtain a credit report on me/us.
I / We also authorize them to release the report to third parties as needed.

PLEASE PRINT CLEARLY

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE / ZIP CODE

X _____

NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE / ZIP CODE

X _____