



Authorization to Obtain Consumer Reports

Last Name _____ Middle Name _____

First Name _____

SS # _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Prior Address _____ City _____ State _____ Zip _____

Driver's License # _____ State _____

I authorize Assist Wireless, LLC to conduct a background check on me. I understand that in connection with this background check, consumer reports may be obtained. I understand that such reports may include, without limitation, public record information concerning my driving record, and criminal records from federal, state, local and other agencies, which maintain such records. I understand that I may request a copy of my background check report.

I hereby, authorize Assist Wireless, LLC to procure such consumer report(s). This authorization shall remain on file and shall serve as ongoing authorization for Assist Wireless, LLC to procure consumer reports at any time.

Applicant Signature _____ Date _____