

INNOVATIVE CREDIT SOLUTIONS

Innovative Credit Solutions
1011 Heyward Street, PO Box 1386, Columbia, SC 29202 Phone 1-800-345-2746 1-888-571-7222

AUTHORIZATION FOR RELEASE OF CREDIT/PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions (ICS), any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status to:

(COMPANY REQUESTING REPORT)

Person report is being requested on:

Signature: _____ Date: _____

Print Name: _____

Social Security: _____

Present Address: _____

Zip (required): _____

Information needed in addition to the above, if pre-employment reports other than credit reports are requested:

County _____ Drivers License # _____

State Of Issue _____ Date of Birth _____

**A copy of the prospective employee's application may be needed if processing certain pre-employment reports.

IF SIGNATURE ON FILE OF ORIGINAL APPLICATION THIS FORM IS NOT NECESSARY
