

# CREDIT REPORT AUTHORIZATION FORM

By my signature below I, \_\_\_\_\_, authorize

Insula Capital to obtain a Background Check and / or Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to a funding request, loan application, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Provide Addresses for the Last 7 Years

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_