



Credit Release Authorization

I hereby authorize **Complete Security Investigations LLC** to obtain a consumer credit report in connection with my _____ (Tenant, Employment, Self- Protection, Due Diligence etc) application (with _____ (company name if applicable)).

I understand that my credit report and the information therein shall be used in compliance with State law or Federal law and Equal Employment Opportunity law or appropriate regulation. I also understand that I have a right to obtain a copy of my own credit report and can dispute any information.

I, _____ hereby authorize, without reservation, any information bureau contacted by **Complete Security Investigations LLC** to obtain the above credit information.

Signature

_____/_____/_____
Date

APPLICANT INFORMATION

Full Name: _____
First Middle Last

Social Security Number: _____ - _____ - _____

Address: _____
Street

City State Zip

Phone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

DOB: ____/____/____
mm/dd/yy

CUSTOMERS INFORMATION

Company/ Name: _____

Address: _____
Street City State Zip

Phone: _____ - _____ - _____ **Fax:** _____ - _____ - _____

Complete Security Investigations LLC

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