

# CREDIT RELEASE FORM

## RTI

I/we certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/we give permission to RTI and/or its representatives or staff to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports and obtain all the information necessary to complete the application for service requested.

### APPLICANT

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Signature

---

Print Name

---

Social Security #

---

Date of Birth MM/DD/YYYY

---

Street Address

---

City/State/Zip

---

Mailing Address, if different than above

---

City/State/Zip

---

Telephone Number

---

Driver's License Number

### CO-APPLICANT

---

Signature

---

Print Name

---

Social Security #

---

Date of Birth MM/DD/YYYY

---

Street Address

---

City/State/Zip

---

Mailing address if different than above

---

City/State/Zip

---

Telephone Number

---

Driver's License Number