



14200 EAST MONCRIEFF PLACE, SUITE E, AURORA, CO 80011
TEL 303.371.3421 | FAX 303.375.9151

Client Release Authorization Form

For use of Consumer Credit Reports

Last Name _____ First _____ M.I. _____

Home Address _____ City _____ State _____ Zip _____

S.S. # _____ Date of Birth _____

Joint Spouse Report:

Last Name _____ First _____ M.I. _____

Home Address _____ City _____ State _____ Zip _____

S.S. # _____ Date of Birth _____

The Undersigned hereby consent(s) to Beverage Distributors use of a non-business consumer credit report on the undersigned in order to further evaluate the creditworthiness of the undersigned as principal(s), proprietor(s), and or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Beverage Distributors to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Signature

Signature

Date