

..... FAX TO 800-860-2558

Name _____ Disc ___ MC ___ Visa ___ Amex ___

Card# _____ Exp _____ Money Order ___

Phone# (____) _____

Print name on card _____

Choose One:

FAX TO (____) _____ MAIL TO _____

Single applicant (Trans Union & TRW) \$29. _____

Joint (Husband & Wife with same last name) add \$10.

Total \$ _____

^^^^^^^^^^^^^^^^^^^^ AUTHORIZATION ^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^

The signature/s below authorize Advantage Credit Services to access my/our credit information from national credit bureau data bases. A facsimile or photocopy of this authorization will be deemed as authentic as the original.

***** PLEASE PRINT CLEARLY *****

Applicant _____

Social Security # _____ Birth Date _____

Current Address _____

City _____ State _____ Zip _____

Co-Applicant _____

Social Security # _____ Birth Date _____

Signature of Applicant _____

Signature of Co-applicant _____