

FAX COMPLETED FORM TO: (203) 389 - 6326  
**Authorization to obtain Credit Information**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

By signing below, the undersigned hereby authorizes Praetorian Group to make all inquiries deemed necessary to verify the accuracy and credit worthiness of the same, including, but not limited to a credit report from a credit reporting agency. The undersigned also authorizes Praetorian Group to share the information contained in the credit report with potential lenders.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed