



Credit Authorization Release

In connection with my application, I understand and agree that a credit inquiry will be requested by you or on your behalf that will seek information as to my character and work habits. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, provincial, and local agencies and authorities.

Print Name: _____
(First) (Middle) (Last)

Previous Name(s) _____

Date name change(s) occurred _____

SIN #: _____ Date of Birth: _____

Driver's License #: _____ Prov: _____

Current Address: _____
(Street number and address) (Unit #)

_____ (City) (Prov.) (Postal Code)

Number of years and months you resided at above: _____

Previous Address: _____
(Street number and address) (Unit #)

_____ (City) (Prov.) (Postal Code)

Number of years and months you have resided at above address: _____

Signature: _____ Date: _____

Company performing background: **Impact Canada**

Contact: Jim Tune @ Tel.#: (905) 824-6955

Fax: (905) 824-0602 (Please call first to let us know you're sending a fax through.)