

San Jose's Place to Play!

Request for Consumer Credit Report

Date: _____

To: AAA Credit Bureau
107 W. Wade Lane #6
Payson, AZ 85541-4872
Ph: 800-576-1111
Fax: 800-576-4520

Pursuant to the request and authorization below Bay 101 hereby requests a consumer credit report on the following individual.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

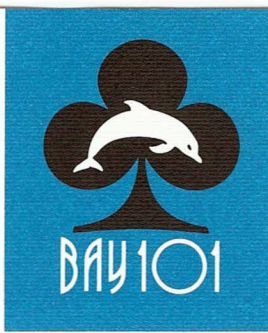
SSAN: _____ Date of Birth: _____

I, the undersigned, do hereby request and authorize Bay 101 to obtain a Consumer Credit Report on me through a Credit Reporting Agency of their choice. I understand that this information may be used by BAY 101 in their decision about my application for check cashing privileges at BAY 101. The personal information above is true and correct and a copy or facsimile of this document may be accepted and recognized as if it is the original.

Printed Name

Signature

Thank you, Please **fax the response to this inquiry to 408-437-5587**. If you have any questions you may call me at 408-437-5580.



San Jose's Place to Play!

Date: _____

Attn: _____

Ref: _____

In establishing check-cashing privileges, one of our guests whose name and address are listed on the other side of this page, has listed you as a credit reference.

We would appreciate your completing the information requested on the other side of this letter. Any information that is received will be held in the strictest confidence and without recourse. Your prompt attention would be appreciated.

Thank you.

Sincerely,

Bay♣101

Tracy Negrete #985- Cage Manager

Dear Creditor:

This will serve as my authorization for you to supply Bay 101 with a rating on my accounts(s) listed below. Thank you.

Customer Signature

This Section for Bank Use only

Name: _____

S.S. # _____

Address: _____

Date: _____

City, State _____

Acct # _____

<u>ACCOUNT</u>		<u>AVERAGE BALANCE</u>								
<i>Type</i>	<i>Number</i>	<i>Low</i>	<i>Med</i>	<i>High</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>Opening</i>	<i>Indicate if more than one signature is required</i>
										<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
										<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
										<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

Please indicate: Joint Savings CD Line of Credit

Account Good For: \$ _____ Yes No

COMMENTS:

Authorized Signer

Dear Creditor:

This will serve as my authorization for you to supply Bay*101 with a rating or a verification of deposit on my accounts listed below.

Customer Signature

Name: _____

SS#: _____

Address: _____

Date: _____

City, State: _____

Account #: _____

This Section for Bank Use Only

ACCOUNT

AVERAGE BALANCE

Type	Number	Low Med High	3	4	5	6	Date of Opening	Indicate if more than one signature is required
								Yes () No ()
								Yes () No ()
								Yes () No ()

Please Indicate: Joint Savings CD Line of Credit

Account Good For: \$ _____ Yes No

COMMENTS:

Authorized Bank Employee Signature