

*PLEASE USE THIS FORM FOR CREDIT REPORT REQUESTS. THANK YOU.  
THE AMHERST GROUP (800) 521-0237 or (951) 785-5777 FAX (951) 785-5888*

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize you to release to The Amherst Group, Inc. any and all information that they may require for the purpose of a credit transaction. This includes obtaining a personal Equifax credit report on applicant and/or co-applicant where and when applicable to this application.

I/We also agree that a photocopy or fax copy of this document shall be as valid as the original and will suffice as an authorized signature to release information on all financial accounts related to this transaction.

**PLEASE PRINT ALL INFORMATION**

_____ Applicant's Name (First – Middle – Last)	_____ Co-Applicant's Name (First – M. – Last)
_____ Social Security Number	_____ Social Security Number
_____ Current Street Address	_____ Current Street Address
_____ Current City, State, Zip Code	_____ Current City, State, Zip Code
_____ Date of Birth	_____ Date of Birth
_____ Today's Date	_____ Today's Date
_____ Applicant's Signature	_____ Co-Applicant's Signature

**WILLIAM H. GRIFFITH JR**

**ACCOUNT # 3319**

PHONE # 714-441-2100

FAX # 714-441-2106

Type of report needed:

- CREDIT
- CREDIT WITH BEACON SCORE (300 – 850 Range: Higher is Better)
- STATEWIDE LEGAL (Bankruptcies, Liens, Judgments, Unlawful Detainers)
- CREDIT WITH BEACON SCORE AND STATEWIDE LEGAL