

CREDIT RELEASE FORM
Pend Oreille Telephone Company

I/we certify that all the information contained in the attached application is true and includes a complete representation of all material facts as of this date. In addition, I/we give permission to Pend Oreille Telephone Company and/or its representatives or staff to request and receive information required to verify employment, depository accounts and credit history. This includes permission to run credit check reports and obtain all the information necessary to complete the application for service requested.

APPLICANT

CO-APPLICANT

Signature

Signature

Print Name

Print Name

Social Security #

Social Security #

Date of Birth MM/DD/YYYY

Date of Birth MM/DD/YYYY

Street Address

Street Address

City/State/Zip

City/State/Zip

Mailing Address, if different than above

Mailing address if different than above

City/State/Zip

City/State/Zip

Telephone Number

Telephone Number

Driver's License Number

Driver's License Number