

Atlanta Restaurant Exchange

Credit and/or Criminal Report Release Authorization

I hereby authorize _____ to receive or disclose any criminal history, record or credit application information which may be in the files of CSS Services, Inc. from or to, any local, state or criminal justice agency and/or Credit Bureau information center. Applicant must be over 18 years of age.

Full Name: _____

Home Street Address: _____

City, State, Zip Code: _____

Social Security Number: _____

Telephone Number: _____

Cell Number: _____

E-Mail Address: _____

Driver's License Number: _____ State: _____

Date Of Birth: _____

Applicant's Signature

Date