

# CREDIT REPORT/CRIMINAL RECORD AUTHORIZATION

I HEREBY APPOINT: \_\_\_\_\_  
(Name of Agent)

To request and receive my credit report and criminal record search from RMA Credit Association, 3830 Hwy 365, Port Arthur, TX 77642 409-721-8701

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

*If spouse's credit record is requested:*

Spouse Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ DL # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(ie. Spouse or Co-Applicant)

Signature of Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_