



AUTHORIZATION FOR CREDIT AND BACKGROUND CHECK

*Please read and sign this form in the s necessary for completion of the applica	pace provided below. Your written authorization process.	n is
Name – Print Clearly (first, middle, last)	Maiden Name (if ap	pplicable)
Current Address		
Previous Address (if at Current Address	for less than 5 years)	
Date of Birth	Social Security Number	
representation of facts and authorize Job Growth Fund to investigate my credit and my qualified to obtain financing. I under and/or JARI Growth Fund may utilize an information, and I specifically authorize butside entities of the company's choice and that in such a case, no investigation	orth in this application is declared to be a true hnstown Area Regional Industries (JARI) and/orad background for purposes of evaluating wheth stand that Johnstown Area Regional Industries (outside firm or firms to assist it in checking such such an investigation by information services and I also understand that I may withhold my permit will be done, and my application for financing we resentation on this application could result in cr	er I (JARI) n nd nission vill not
Date		
Signature of Applicant/Guarantor		

Please provide a check payable to JARI in the amount of \$35 to cover the cost of the credit check and the background check for the individual listed above. This fee is non-refundable and due at signing.