



OzSBI
Ozarks Small Business Incubator

**AUTHORIZATION
FOR CREDIT AND BACKGROUND CHECK**

Full Name _____

First

Middle

Last

Personal Address _____

Physical Address

City _____ **State** _____ **Zip** _____

Social Security _____ **Birthdate** _____

Email Address _____

Home Phone _____ **Cell Phone** _____

I authorize the Ozarks Small Business Incubator to make inquiries as necessary to determine my creditworthiness and to perform a background check.

Signature _____ **Date** _____