

Commercial Credit Report Authorization

STUDENT FINANCIAL SERVICES

| INSTRUCTIONS: In order to establish a credit relationship, the BYU department identified below requests authorization to order a credit report and conduct a credit review regarding your organization. Section 1 has been completed by the BYU department which is requesting the review. Please review and complete sections 2-3. | | | |
|---|--------|-----------------|---------------------|
| 1. BYU DEPARTMENT INFORMATION | | | |
| BYU Department: | | | |
| Report requested by: | | | Phone: |
| Request date: | | | |
| 2. CUSTOMER INFORMATION | | | |
| Organization Name: | | | Tax ID Number: |
| Organization Type: C Corporation S Corporation CLLC | | | □Partnership □Other |
| Billing Address | | | |
| Address: | | | |
| City: | State: | | ZIP Code: |
| Contact Information | | | |
| Accounting Contact Name: | | | Phone (Ext): |
| E-mail: | | | Fax: |
| 3. AUTHORIZATION FOR CREDIT REVIEW | | | |
| By typing my name in the box below, I am authorizing Brigham Young University to order a credit report and perform a credit review of my organization. | | | |
| Authorized Signer: | | | Today's Date: |
| Title: | | | |
| | | | |
| Upon completing this form please email to Bill Welsh at bill_welsh@byu.edu. If you prefer to print out and fax the completed form, our fax number is 801-422-0241. Once received, your credit report will be reviewed and reported to the requesting department. If you have any questions, please contact Bill Welsh at 801-422-6762 | | | |
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| BYU OFFICE USE ONLY | | | |
| Review Notes: | | | |
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| | | | |
| Review disposition: Approved Denied | | | |
| Reviewer: | | Date Completed: | |