



Please write clearly and legibly in block letters

Credit verification

Consent form

LAST NAME: _____ FIRST NAME: _____

ADDRESS : _____

CITY : _____ POSTAL CODE : _____

DATE OF BIRTH: _____ SIN : _____
(YY-MM-DD) (OPTIONAL)

I hereby authorize **GROUPE TRAK** and/or its Agents to obtain and personal and confidential information concerning me through, credit bureaus, all being in conformity with the current legislation including but not limited to the Act respecting access to documents in the private sector as well as held by public bodies and the protection of personal information.

Upon presentation of this duly signed document, please forward the personal and confidential information held about me to **GROUPE TRAK** and/or its Agents

SIGNATURE : _____ DATE : _____