

**ALLEGHENY COUNTY DEPARTMENT OF
MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISE
SMALL BUSINESS DEVELOPMENT AND TECHNICAL ASSISTANCE PROGRAM**

CREDIT AUTHORIZATION LETTER

I, _____, by duly signing below, do authorize Exico, Inc. of Pittsburgh, Pennsylvania to verify credit references. I authorize Exico, Inc. to obtain a copy of my credit report for the purposes of the application contained herein as follows:

Credit history with previous credit reporting agency, including date opened, current balance, amount past due, and times.

Credit history with any other vendor, including date opened, current balance, amount past due, and times late.

Rental history, including length of time rented, amount past due, and times late.

This information is confidential, and will only be used by Exico, Inc. to determine creditworthiness.

Further, It is mutually understood that this information will be utilized solely to assist Exico, Inc. in conducting eligibility analysis for the Small Business Development and Technical Assistance Program of the Allegheny County Department of Minority, Women and Disadvantaged Business Enterprise.

Exico, Inc. will not utilize this authorization for any other purpose other than that stated above without the express written consent of the applicant.

A photo copy or fax copy of this authorization may be used in place of the original.

Name

Social Security Number

Company Name (if applicable)

Telephone

Home Address, Line 1

Fax

Home Address, Line 2

Signature