



**Slash Pine EMC**  
Electric Membership Corporation

Office Use Only
Processed By _____
Date _____

### Credit Report Authorization

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
*Number, Street/Road, City, State, Zip*

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer Contact \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

*I certify that everything I have stated in this application and on any attachments is correct. By signing below I authorize Slash Pine EMC to check my credit history status through the Online Utility Exchange, employment history, and to answer any other questions that Slash Pine EMC may have concerning my credit record with me for the sole purpose of determining my service security deposit. I understand by refusing to grant this authorization, I will pay the maximum deposit as set by the Board of Directors of the Cooperative.*

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

**Complete this section only if joint applicant or spouse:**

Applicant's Name \_\_\_\_\_ SSN \_\_\_\_\_  
*Joint applicant or Spouse*

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
*Number, Street/Road, City, State, Zip*

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Employer \_\_\_\_\_

Employer Contact \_\_\_\_\_ Employer Phone No. \_\_\_\_\_

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\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date