

Franchise Ownership Credit History Release Form

Please complete all sections of this form to authorize the franchisor to obtain and review your credit history and background information in connection with your application for franchise ownership. This form is designed to be printed and signed.

1. Applicant Personal Information

First Name: Middle Name:
Last Name: Suffix (e.g., Jr, III):
Date of Birth (MM/DD/YYYY): Social Security Number / Tax ID:

2. Current Residential Address

Street Address:
City: State/Province: Zip/Postal Code:

3. Contact Information

Phone Number: Email Address:

4. Proposed Franchise Details

Proposed Franchise Name:
Proposed Location (City, State):

5. Authorization and Disclosure Release Statement

By signing below, I hereby authorize the franchisor, its affiliates, agents, and independent contractors, to conduct a comprehensive review of my background, including but not limited to my personal and business credit history, through a consumer reporting agency of their choice.

I understand that this credit report will be used solely for the purpose of evaluating my suitability as a franchise owner. I release the franchisor, the consumer reporting agency, and all entities providing information from any and all liability associated with the collection and review of this information.

This authorization shall remain in effect throughout the application process and, if approved, during the term of the franchise agreement.

6. Signature and Acknowledgement

Please print this document to provide a physical signature.

Printed Full Name:
Signature (Write Signature after printing): [Sign Here Upon Printing]
Date Signed (MM/DD/YYYY):