



7045 Clarcona Ocoee Road Ste. 101
Orlando, FL 32818
407-253-2345

Authorization to Perform a Soft Credit Check

The Client hereby consents to and authorizes Hiawassee Clarcona Ocoee Pet Hospital to investigate my credit worthiness. Such consent and authorization is given with respect to any and all persons who may conduct this credit check on behalf of the Hiawassee Clarcona Ocoee Pet Hospital, including its agents, independent contractors and credit agencies retained by Hiawassee Clarcona Ocoee Pet Hospital for such purposes.

The Client grants such consent and authorization to Hiawassee Clarcona Ocoee Pet Hospital for the period 30 days from the date of my signature below. Client understands there may be a nominal fee charged to perform this credit inquiry.

The Client hereby waives any and all claims, past, present or future, which the Client may have against the Hiawassee Clarcona Ocoee Pet Hospital and its agents by reason of any credit investigation made pursuant to Client's consent and authorization herein given to the Hiawassee Clarcona Ocoee Pet Hospital.

Client hereby agrees to receive any and all communications regarding this Soft Credit Check via the email you provided. Due to the sensitive nature of this information you understand and agree that Hiawassee Clarcona Ocoee Pet Hospital cannot be held liable if someone other than you sees any of the email communications on this issue.

Client: (please print)

First Name: _____ Middle Initial _____ Last Name: _____

SSN: _____ - _____ - _____ Date of Birth (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Employer Name: _____ Work Phone: _____

Email: _____ (Approval Code/Email will be sent to this address)

Signature: _____ Date: _____