



Date: _____

Please complete the requested below information. By signing this consent form, you authorize Summit Resort Group to obtain a credit report and Colorado Bureau of Investigation background check.

Required Information:

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Birth date: _____ SS# _____

By signing below, you are authorizing Summit Resort Group to process a credit and background check using the information above. There is a \$30 charge payable to Summit Resort Group for obtaining this information.

Thank you for your cooperation.

Applicant

Authorized Personnel