



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# \_\_\_\_\_

Email address: \_\_\_\_\_

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