ALTAMAHA

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CREDIT REPORT AUTHORIZATION

Customer Name:	Social Security #:
Address/City/State/Zip:	
Home Phone #:	Date of Birth:
Employer:	Employer's Phone #:
this application whether or not it is app employment history and to answer que	n this application and on any attachments is correct. You may keep broved. By signing below I authorize you to check my credit and stion others may ask you about my credit record with you. I formation at your request if my financial condition changes.
Signature:	Date
This section to be completed only if j Customer Name:	oint account: Social Security #:
	·
	Date of Birth:
Employer:	Employer's Phone #:
this application whether or not it is app employment history and to answer que	n this application and on any attachments is correct. You may keep broved. By signing below I authorize you to check my credit and stion others may ask you about my credit record with you. I formation at your request if my financial condition changes.
Signature	Date