## DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORTS FOR EMPLOYMENT PURPOSES AND INSURANCE APPLICATION

The undersigned hereby authorizes Three –Z Trucking and Supply Co.

Please return a completed form to our office by faxing to: 440-934-0379 You may also email the form to info@botsoninsurancegroup.com
Thank you.

Social Security Number: \_\_\_\_\_-\_\_\_

Driver License Number: