



## Authorization to Obtain Consumer Reports

First Name: shawntell Middle Name: \_\_\_\_\_

Last Name: romero

SS #: 923652550 Date of Birth: 12/03/1991

Street Address: 218 CANAL ST

City NEW IBERIA State: LA Zip: 70560


Prior Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # 010998292 State LA

I authorize PAYGO Distributors to conduct a background check on me. I understand that in connection with this background check, consumer reports may be obtained. I understand that such reports may include, without limitation, public record information concerning my driving record, and criminal records from federal, state, local and other agencies, which maintain such records. I understand that I may request a copy of my background check report.

I hereby, authorize PAYGO Distributors to procure such consumer report(s). This authorization shall remain on file and shall serve as ongoing authorization for PAYGO Distributors to procure consumer reports at any time.

Applicant Signature  Date 05/27/2023