



CREDIT CHECK

CONSENT FORM

INSTRUCTIONS :

1. Print the form.
2. Have the candidate or employee complete and sign the form.
3. Scan the completed and signed form.
4. Save the scan in PDF form and email it to : identification@cccmtl.ca

INFORMATION ABOUT THE CANDIDATE OR EMPLOYEE

Last name:*	First name:*
Date of birth: * (dd/mm/yyyy):	Address:*
City:*	Province* :
Postal code:*	Country:*

I* _____ consent for Commissionnaires to conduct a credit check on me and I authorize all businesses, institutions, corporations and associations to make any information concerning me available to the applicant for whom this form was completed or to any other parties acting on their behalf, releasing them from any responsibility.



The form must be signed by the candidate or employee. *

INFORMATION ABOUT THE APPLICANT

Last name:*	First name:*
Organization:	Position:
Phone number:*	Email address:*

Promotional code, if applicable:

Credit check consent form. Personal information will be protected and treated confidentially. This document belongs to Commissionnaires and is strictly reserved for the use of the person who completes it, Commissionnaires and its authorized officers.