Economic Development Corporation of Sandpoint
804 Airport Way, Sandpoint, ID 83864
(208) 263-4073

Credit Report & Background Check Authorization

Please complete a form for each officer or partner. All information is for the use of the Bonner Business Center only and will remain confidential.

Please give 3 Business Related Refrences:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name_____
LAST FIRST MIDDLE INITIAL

Date of Birth: ____/____/____ Social Security Number: _____
MM DD YY

Current Address: _____
PO BOX OR STREET

_____
CITY STATE ZIP+FOUR

Previous Address (If at address above for less than 3 years): _____

_____

Pursuant to my Application to the Incubator Program, I understand that a credit report and/or background check may be obtained.

I hereby authorize the Bonner Business Center to obtain my credit report and perform a background check.

_____ _____
SIGNATURE DATE