

BONNER BUSINESS CENTER

Shared-Use Commercial Kitchen

804 Airport Way, Sandpoint, ID 83864
208-263-4073, www.BonnerBusinessCenter.com

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 list 3 business related references:

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

Print Name _____

Date of Birth: LAST _____ / FIRST _____ / MIDDLE INITIAL _____
MM DD YY Social Security Number: _____

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