



CREDIT REPORT RELEASE FORM

We hereby authorize Grow Wabash County and/or Crossroads Bank to secure credit reports and other credit reported information for the business owner(s) listed below. This information will not be disclosed except as required and permitted by law.

Today's Date

Business Name

First Name

Last Name

Social Security
Number

Date of Birth

Phone Number

Address

City

State

ZIP Code

Signature

First Name

Last Name

Social Security
Number

Date of Birth

Phone Number

Address

City

State

ZIP Code

Signature

**Email completed forms to info@growwabashcounty.com
or mail to Grow Wabash County at 214 S. Wabash St. Wabash, IN 46992 .**