



## WATCHGUARD Security Systems

PO Box 7362 • 1560 Martin Lane • Suite A

Jackson, WY 83002

(307) 733-5844 ~ Fax (307) 733-2925

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Co-Applicant: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Own Home  Rent  Time at Address: \_\_\_\_\_ Year/Month: \_\_\_\_\_  
(Check one)

In connection with my request for credit, I hereby confirm that the above information is true and correct. I also acknowledge that, pursuant to The Fair Credit Reporting Act, Public Law 91-508 effective April 25, 1971, you have advised me that you intend to submit my name and this credit application to Watchguard Security Systems, authorized security provider. I hereby authorize the above named company, Watchguard Security Systems, and its agents to investigate the information I have provided, including the right to investigate my personnel credit, obtain my personal credit report, and retain such information.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_