

Credit Authorization

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to "lender" (**Lender**), of any and all information that **Lender** may require at any time for any purpose related to our credit transaction. I/we further authorize **Lender** to release such information to any entity it deems necessary for any purpose related to my/our credit transaction. I/we certify that the enclosed information (plus any attachments or exhibits) is valid and complete to the best of my/our knowledge. I/we authorize **Lender** to verify all my/our statements with any source, obtain credit and employment history, and exchange information with others about my/our credit and account experience.

NAME: _____ SIGNATURE: _____ DATE: _____
ADDRESS: _____ SOCIAL SECURITY #: _____
CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____

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