|  |  |
| --- | --- |
| [BUSINESS NAME] |  |

[Street address] | [City, ST ZIP Code]

Phone: [Phone number] | Fax: [Fax number] | [Email] | [Website]

# CREDIT RELEASE FORM

|  |  |
| --- | --- |
| Applicant’s Name: [Current name] | Date of Birth: [DOB] |
| Previous Name: [Previous name]  Current street address CITY, ST ZIP Code | Social Security #: [SSN] |
| I request and authorize [Authorized individual] to release credit information of the named above to: | [Name] [Street address] [City, ST ZIP Code] |

This request and authorization applies to:

* Write if any
* Write if any

**This release authorization is valid for the purpose of:**

|  |
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|  |

By my/our signature on this Application, I/we hereby certify that all information contained in this Application & attachments are true and complete to the best of my/our knowledge, and are made for obtaining credit.

I/we also hereby authorize [NAME HERE] to send our company correspondence via fax, email or any other electronic transmission as it deems necessary. I/We understand that by providing the fax number(s) and email address above, on behalf of the company specified above, I am authorized to and hereby consent for the Company to receive faxes sent by or on behalf of [COMPANY] and its affiliates.

It is understood that this Application shall remain the property of [COMPANY] whether or not the credit is granted and that this constitutes an application only and shall not be binding upon either [COMPANY] or the applicant.

By signature, I/we affirm my/our identity as the respective individual/s identified in the above Application. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial.

|  |  |  |
| --- | --- | --- |
| Applicant Signature: |  | Date signed: [Date] |

### THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.