
Authorization to Release Credit Information

From:

To:

Date: _____

Dear _____

Thank you for your recent interest in establishing credit information with our company. Please sign the authorization to release information agreement below and complete the enclosed form. We will contact your credit and bank references. Then we will contact you regarding your credit terms with our company.

Thank you

David Isola
Vice – President

We have recently applied for credit with _____

We have been requested to provide information for their use in reviewing our credit worthiness. Therefore, I authorize the investigation of me and my firm and its related credit information. The release in any manner of all information by you is authorized.

I do hereby release all persons, agencies, firms, companies, etc. from any damages resulting from providing such information.

This authorization is valid for 30 days from the date of my signature below. Please keep a copy of my release request for your files. Thank you for your cooperation.

Name and Position: _____

Signature: _____ Date: _____