

**AUTHORIZATION TO RELEASE INFORMATION**

I/We authorize Alliance Business Capital, Inc., its successors, and assigns to make whatever credit inquiries it deems necessary in connection with any credit application or during review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to comply with and furnish any information it may have or obtain in response to such credit inquires.

A photocopy of this form is to be treated as if it is an original.

---

Borrower Signature Date

---

Printed Name Social Security #      Date of Birth

---

Street Address

---

City State Zip

---

Borrower Signature Date

---

Printed Name Social Security #      Date of Birth

---

Street Address

---

City State Zip