

**AUTHORIZATION TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize release of credit information and/or verification of employment to Merchants Association of Fresno Inc. and Credit Bureau Reports of Fresno County Inc.

If required, I authorize mailing of credit file information to my home for reference or written explanation.

This form may be reproduced or photocopied to be utilized as my consent to release credit or employment information.

WE DO NOT USE CREDIT SCORING ON THIS LOAN TYPE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER