

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Date: _____

To: _____

Please be advised I have a credit account with your firm and hereby request that a report of my credit history with you be forwarded to Blaine Einspahr, 1007 Lakeside Drive, Boonville, MO 65233. You may consider this letter as my authorization to release this information.

Applicant

Joint Applicant (if any)

Address

Address

Social Security Number

Social Security Number

Name of Account

Name of Account

Account Number

Account Number