



Authorization to Release Information

The undersigned hereby authorizes T-Bank to make inquiries it deems necessary to verify the accuracy of the information provided herein to determine my/our credit worthiness.

The undersigned hereby authorizes and releases to T-Bank any and all information which is required at any time and for any purpose related to my/our credit application/transaction.

Applicant certifies under penalty of perjury and applicable state and federal laws that the application and all supporting documentation Applicant has provided is true and correct and that the signature(s) placed below are the signature(s) that Applicant commonly uses in all of Applicant's business transactions.

Please complete both sections if applicable

1. ALL OWNERS OF 20% OR MORE OF THE BUSINESS AND ANY GUARANTORS MUST ALL SIGN INDIVIDUALLY BELOW

_____	_____	_____	_____	_____
First Name	Last Name	Signature	Social Security Number	Date of Birth

_____	_____
Address	Date

_____	_____	_____	_____	_____
First Name	Last Name	Signature	Social Security Number	Date of Birth

_____	_____
Address	Date

_____	_____	_____	_____	_____
First Name	Last Name	Signature	Social Security Number	Date of Birth

_____	_____
Address	Date

2. AN AUTHORIZED COMPANY OFFICIAL MUST SIGN HERE

_____	_____
Company Name	Company EIN/Tax ID

By: _____

Its: _____

Printed or Typed Name: _____