



5325 140th Ave NE
Bellevue, WA 98005
P: (877) 298-4676
F: (888) 678-3468

AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes H.I.L. FINANCIAL, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be considered an original.

It is further authorized that H.I.L. FINANCIAL and it's assigns may make whatever credit inquiries it deems necessary in connection with this Application or in the course of review or collection of any credit extended in reliance on the Application. Authorization is given that any bank, lending institution, supplier, person or consumer reporting agency should comply and furnish any information it may have or obtain in response to such credit inquiries.

Company Name

Print Name

X_____
Signature

Social Security Number

Address

Date