



CREDIT RELEASE AUTHORIZATION

Application For: _____
(Name of Business)

Principal: _____

Social Security #: _____

Phone #: _____

Home Address: _____

By signing this release authorization, you certify that the information above is complete and accurate. Each individual signing as a principal authorizes Quantum Financing LLC and its lending affiliates and or assigns to obtain further information regarding personal or business credit standing, which may include obtaining personal credit reports from a credit reporting agency. This authorization will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for the purpose of reviewing the account. This is an application exclusively for business credit and if such credit is granted, no proceeds will be used for personal, family, or household purposes.

To Whom It May Concern: This will be your authority and my request to you to release any information requested concerning personal or business credit standing. I certify that the above information is true and correct.

Signature

Date