



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

TO ALL CONSUMER REPORTING AGENCIES, EMPLOYERS, CREDITORS AND DEPOSITORIES OF THE UNDERSIGNED:

Applicant Name: _____

Street Address, City, State and Zip Code: _____

Federal Tax Identification Number: _____

Full Name of Individual: _____

Street Address, City, State and Zip Code: _____

Social Security Number: _____

Full Name of Individual: _____

Street Address, City, State and Zip Code: _____

Social Security Number: _____

Please be advised that each of the undersigned, has made an application to Bank of Santa Clarita (Bank), requesting an extension of credit. Therefore, each of the undersigned hereby authorizes you to release to Bank of Santa Clarita and/or any agent or employee thereof, any information requested by Bank of Santa Clarita.

A photocopy of this authorization may be deemed to be the equivalent of the original authorization.

The undersigned certifies that all the information provided is complete, true and correct and authorizes Bank of Santa Clarita or its agent to obtain credit reports, and to release credit information to others (including without limitation, companies affiliated with the Bank) to check the individual and/or business credit rating of both the business and the individual(s).

By: _____
(Signature of Individual/Title)

Date: _____

By: _____
(Signature of Individual/Title)

Date: _____