

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize Lender/Broker, its successors or assigns, to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our creditworthiness.

I/we also hereby authorize the release of any information necessary for any purpose related to our credit transaction with AFC COMMERCIAL

I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge. All proprietors, partners, directors, officers, and stockholders with 20% or more ownership interest must sign this form (spouses should sign when applicable).

Applicant:	Co-Applicant:
Signature	Signature
Print Full Legal Name	Print Full Legal Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Social Security Number	Social Security Number
Date of Birth	Date of Birth
Place of Birth	Place of Birth
Phone Number	Phone Number

US Citizen: Yes _____ No _____ US Citizen: Yes _____ No _____

Green Card Holder: Yes _____ No _____ If yes, Alien Registration # _____

Please attach a copy of the front and back of your green card.