

**AUTHORIZATION TO RELEASE INFORMATION**



I / We hereby authorize to release to Indigo Capital Corporation and/or any of its affiliated lenders any and all information they may require at any time for any purpose related to our credit transaction with them. By signing below, the undersigned individual, provides written instruction to Indigo Capital Corporation and/or any of its affiliated lenders authorizing review of his / her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as original. By signature below, I/we affirm my/our identity as the respective individual(s) identified below.

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_