



## CREDIT RELEASE FORM

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The undersigned hereby authorizes Bridge Capital Leasing and/or its assigns to investigate applicant's credit worthiness as needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail or facsimile as requested to Bridge Capital Leasing and/or its assigns. A Photostat or facsimile copy of this credit release form shall be valid as the original.

Company Name \_\_\_\_\_

Customer Name \_\_\_\_\_ SS# \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Name \_\_\_\_\_ SS# \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax this credit authorization to (949) 900-2201