

First Financial

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

By signing below, each undersigned individual(s), provides written instruction to First Financial or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile a photocopy or facsimile copy of this authorization shall be as valid as the original.

In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by First Financial or its designee (and any assignee or potential assignee thereof).

Company Name: _____

Name (Please Print): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: X _____ Social Security: _____

Date of Birth: _____ Phone Number: _____

Name (Please Print): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: X _____ Social Security: _____

Date of Birth: _____ Phone Number: _____

Name (Please Print): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: X _____ Social Security: _____

Date of Birth: _____ Phone Number: _____

PLEASE FAX BACK TO (954) 630-1015

3309 NE 33rd St. Fort Lauderdale, Fl. 33308