



## AUTHORIZATION TO CHECK CREDIT

®

*Please fill out this form completely. Incomplete Applications will not be processed. Use additional sheets if necessary.*

<b>FULL NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>CITY, STATE, ZIP</b>	<b>DATE OF BIRTH</b>
<b>AMOUNT REQUESTED</b>	<b>FAX NUMBER</b>
<b>SPOUSE'S NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>DRIVER'S LICENSE NUMBER</b>	<b>DATE OF BIRTH</b>
<p><b>AUTHORIZATION TO RELEASE CREDIT INFORMATION</b>          Applicant hereby requests that bank and credit references promptly complete the attached requests for credit information and cooperate fully with TALISMAN CAPITAL GROUP, INC.          A credit application fee of \$55.00 will be paid by the applicant to TALISMAN CAPITAL GROUP, INC.</p>	

Date of Application \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

FULL Name: \_\_\_\_\_

Driver Lic#: \_\_\_\_\_