

Please fill out and sign and send to

E-mail: Treasurecoastloans@gmail.com

Fax: 1-800-808-1647



Authorization to Release Information

I, _____, authorize Independence Bank to share all information regarding the
(Print Name)

details and progress of this loan for _____, located at
(Full Company Legal Name)

_____ and any subsequent financing with Heidi Nixon.

(Company Address)

I also authorize Independence Bank to check my/our credit and background history from time to time with any source and to answer questions relating to the credit experience with me/us. This authorization is for both personal and business information.

Signature

Date