



EDWARD J SOEHNEL & ASSOCIATES

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Edward J Soehnel & Associates to make whatever credit inquiries it deems necessary in connection with my/our credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries.

I/We authorize the release of this information whether the signature below is an original or a copy.

Signature _____ Social Sec Number _____ Date _____

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip Code