

Please fax back to 516.224.7428

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize Seren Funding Corp and any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our creditworthiness.

I/we also hereby authorize the release of any information necessary for any purpose related to our credit transaction with Seren Funding Corp

I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

All proprietors, partners, directors, officers, and stockholders with 20% or more ownership interest must sign this form (spouses should sign when applicable).

Applicant: _____

Signature: _____

Co-Applicant: _____

Signature: _____

Street Address

Street Address

City, State, Zip

City, State, Zip

_____-_____-_____
Social Security Number

_____-_____-_____
Social Security Number

_____/_____/_____
Date of Birth

_____/_____/_____
Date of Birth

(_____)_____
Phone Number

(_____)_____
Phone Number

US Citizen: Yes _____ No _____