

2082 Business Center Drive, Suite 200
Irvine, Ca 92612
Tel. 949-474-6085 Fax. 949-474-7529

BANK RELEASE AUTHORIZATION
(FOR CREDIT APPLICATION PROCESSING ONLY)

Dear Client,

We have found that most banks will not issue a credit rating without an authorized signature from a signer on the account. Please complete and fax this form as soon as possible to 949-474-7529

Thank you for your cooperation

VE Associates, Inc.



The following signature authorization allows information to be released to VE Associates, Inc for the sole purpose of obtaining credit:

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

BANK NAME: _____

BANK BRANCH: _____

BANK FAX NUMBER_()_____

ACCOUNT NUMBER: _____

DATE SIGNED: _____