



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Firm Name:		DBA:	
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By signing below, the undersigned individual(s), who is either a principal of the above referenced credit applicant or a personal guarantor of its obligations, provides written instruction to Coffman Capital, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her credit profile for a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application of the credit applicant, and subsequently for the purposes of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above referenced application, and ratify and confirm all application information and authorize and consent to all terms contained therein.

All Guarantors must sign.

Signature:	
Print Name :	
Title:	
% Ownership:	
Social Security No.	
Address:	
City, State, Zip	
Home Phone:	
Date:	

Signature:	
Print Name:	
Title:	
% Ownership:	
Social Security No.	
Address:	
City, State, Zip	
Home Phone:	
Date:	

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