

FINANCIAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(To be filled out by the customer)

To Financial Institution (Bank's Name): _____ From SANTECH Customer: _____

FAX: _____

ATTENTION: BOOKEEPING DEPARTMENT / LOAN DEPARTMENT

Please accept this as authorization to release the following information to SANTECH for the purpose of extending credit.

I understand that this information will be kept in strictest confidence between your organization and SANTECH.

Checking Account No: _____ Saving Account No: _____ Loan(s) _____

Date: _____ Authorized Signature _____ Title _____

(Section below to be filled out by Financial Institution)

Checking Account No: _____ Saving Account No: _____ Loan(s) _____

Date Opened: _____	Date Opened: _____	No Experience []
Average Balance: _____	Average Balance: _____	Short Term []
High [] Med [] Low []	High [] Med [] Low []	Installment []
1 2 3 4 5 6 7	1 2 3 4 5 6 7	Date Opened: _____
(Circle appropriate figure)	(Circle appropriate figure)	When Due: _____
Satisfactory: _____	Date Closed: _____	Date Closed: _____
Unsatisfactory: _____		How Paid: _____
Date Closed: _____		Line of Credit: _____
NSF Checks: _____		Unused Portion: _____

Remarks: _____ Secured []
_____ Unsecured []
_____ If secure, by what assets?

_____ If guaranteed, by what?

AUTHORIZED SIGNATURE _____ POSITION _____ DATE _____ By Whom? _____

Please Return to SANTECH
1730 S. Sepulveda Blvd., Los Angeles, CA 90025. Tel (310) 473-6000. Fax (310) 473-6100