

Credit Information Release Authorization

(please return fax to IMG at 818-936-0200 or e-mail: cs@imgpresents.com)

Contact: _____
Company: _____
Address: _____

Phone: _____
Fax: _____

_____ Bank Name*

_____ Account No.*

Contact: _____
Address: _____

Phone: _____
Fax: _____

_____ Credit Reference 1

Phone: _____
Fax: _____

Contact: _____
Address: _____

_____ Credit Reference 2

Phone: _____
Fax: _____

Contact: _____
Address: _____

_____ Credit Reference 3

Phone: _____
Fax: _____

Contact: _____
Address: _____

I/We _____ hereby authorize the following to
Type Name and Title
release credit information to Innovation Management Group, Inc.

_____ *Signature:

_____ Date:

*Please include your signature or your bank may not process this request.