






CREDIT RELEASE AUTHORIZATION

HOW TO COMPLETE THIS FORM

-  Complete this form, save it for your records by choosing File>Save As then attach the saved file to an email and send it to info@birchfinancial.net
- OR -
-  Print your completed form for your records and/or fax it to our office: (559) 650-3558
- OR -
-  Print your completed form and mail it to Birch Financial, Inc., 1835 N. Fine Ave., Fresno, CA 93727

SUBMITTED BY

Whether I submit this form as a signed or as a digital version, I authorize Birch Financial, Inc. or its agent to investigate the personal and business credit for all signers on this loan. For the purposes of securing financing, I authorize all deposit and borrowing information to be released by telephone or fax.

Individual Name(s)

Please print

Business Name

Please print

Email

Please print

Signature

Date

Signature

Date

If you are submitting this form in digital form, please type your name/s in the box/es provided above.