

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize Financial Saver Network, Inc or any of its affiliates and/or its assignees, to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our creditworthiness.

I/We also hereby authorize the release of any information necessary for any purpose related to our credit transactions with Financial Saver Network, Inc

All proprietors, partners, directors, officers and stockholders with 20% or more ownership interest must sign this form.

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Signature

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Title

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Date

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