

TELERENT LEASING CORPORATION
CREDIT AUTHORIZATION RELEASE FORM

Name: _____	Ownership % _____
Residence Address: _____	
Street	City
State	Zip Code
Phone # _____	
Social Security Number _____	Signature _____

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***PLEASE PROVIDE INFORMATION REGARDING THE OWNERS OF THE BUSINESS IN THE SPACES ABOVE, INCLUDING OWNERSHIP PERCENTAGE. YOUR SIGNATURE AUTHORIZES THE RELEASE OF CREDIT INFORMATION BY YOUR BANK AND/OR THE CREDIT REPORTING AGENCIES.**