



AUTHORIZATION TO MAKE INQUIRIES

I, the undersigned, hereby authorize Alliance, it assigns or successors, the right to make inquiries as necessary to verify the accuracy of the information and statements made to Alliance, it assigns or successors, to determine my credit worthiness. I certify the statements and information contained in all documentation provided are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false or misleading statements may result in forfeiture of benefits and possible felony prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001).

Name: _____ SSN: _____

Current Address: _____

Signature: _____ Date: _____

Name: _____ SSN: _____

Current Address: _____

Signature: _____ Date: _____

Name: _____ SSN: _____

Current Address: _____

Signature: _____ Date: _____

Name: _____ SSN: _____

Current Address: _____

Signature: _____ Date: _____