

Smokey Mountain Funding, Inc.

241 Davis Street, Hendersonville, NC 28739

Tel: 877-249-5974 ~ Fax: 828-696-9772

CREDIT RELEASE AUTHORIZATION

By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Smokey Mountain Funding, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purpose of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photostatic or facsimile copy of this authorization shall be as valid as the original.

Name (Please Print) _____ Signature: _____

Title: _____ Date: _____

Name (Please Print) _____ Signature: _____

Title: _____ Date: _____

Name (Please Print) _____ Signature: _____

Title: _____ Date: _____