Authorization to Obtain Credit Information:

Applicant warrants all credit and financial information submitted to LPI Healthcare Financial Services, Inc. and/or its assignees to be true and accurate and herby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize LPI Healthcare Financial Services, Inc and/or its assignees to obtain personal credit bureau reports for the making, extension or renewal of this credit decision or collection of the resulting account.

Name: ____

Address: ____

Social Security Number: ____

Signature/Date:____