



Hana Financial, Inc

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CREDIT RELEASE AUTHORIZATION

Date: _____

Re: _____

Customer name

I hereby authorize Hana Financial, Inc. to verify any credit information from whatever source it deems appropriate and I further authorize our banks, trade references and financial institutions the right to release by telephone or fax. All credit information obtained will be treated confidentially and will be used on only in assisting Hana Financial, Inc. in issuing credit approvals. A copy or fax of this credit release authorization may be deemed to be equivalent of the original.

BANK NAME: _____

ACCOUNT NUMBER: _____

COMPANY REPRESENTATIVE'S NAME: _____

COMPANY REPRESENTATIVE'S TITLE: _____

COMPANY REPRESENTATIVE'S SIGNATURE: _____

DATE: _____

Feel free to reach me at () _____ if you have further questions or comments.