

Authorization

The Undersigned Customer authorizes investigation of the Customer's credit history and the release of information to Ally in connection with such investigation, as well as the release of information about the Customer's credit history with Ally. Such authorizations shall be continuing.

Date:			
Customer:		SS#:	
	(Exact Name)		
Residence:			
D.O.B:			
Ву:	(Signature)		

IMPORTANT - PROPRIETOR, PARTNER OR IN THE CASE OF A CORPORATION, AUTHORIZED OFFICER MUST SIGN.

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