

ally Commercial Services

Application Number _____

Authorization:

The Undersigned Customer authorizes investigation of the Customer's credit history and the release of information to Ally Financial Inc. (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: _____
(Exact Trade Name)

By: _____
(Signature) (Title)

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

Credit Reference Information:

Financial Institution: _____

Account Number(s): _____

Phone Number: _____

Fax Number: _____

Contact: _____

Line of Credit Loan Mortgage

Financial Institution: _____

Account Number(s): _____

Phone Number: _____ Fax Number: _____

Contact: _____

Line of Credit Loan Mortgage