

**SAN DIEGO PACIFIC CREST SERVICES, INC**

13272 Highway 8 Business El Cajon, CA 92021

Phone (619)390-2305 Fax (619) 390-2307

**Consent for release of Credit Information**

**Company name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Today's date:** \_\_\_\_\_

**It is my intention to obtain a credit account with San Diego Pacific Crest Services, Inc. I hereby give authorization to release any information necessary toward processing of an account application. I confirm that I am an authorized agent for the above stated company.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**