



Authorization To Release Information

By signing below, you certify that all the information you've given with this application is true and complete. You authorize Celtic Bank to verify all your statements with any source, obtain credit and employment history, (including your spouse's, if you live in a community property state) and exchange information with others about your credit and account experience with Celtic Bank. You agree to provide additional information that Celtic Bank may require to process this application, including but not limited to true and complete federal income tax returns, employment verification and income verification.

Please list company name. Must be signed by an appropriate officer of the company. All individuals guarantying the proposed loan must sign this Document.

Company/Business/Entity/Date: _____

By: _____
(Company/Business/Entity Officer)

Print Name: _____

Principals and Guarantors

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Address: _____

Address: _____

SSN: _____

SSN: _____

Date: _____

Date: _____