



**SHINHAN BANK**  
www.shbamerica.com AMERICA

211-11 Northern Blvd., Bayside, NY 11361  
Tel (718) 281-7825 Fax (718) 224-6416

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Shinhan Bank America to make whatever credit inquiries it deems necessary in connection with my credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries.

I/We upon request will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Name:	Date of Birth:
Res. Phone:	Buss. Phone:
Residence Address: _____ _____	
Social Security Number:	
	<u>X</u> _____ Borrower/Guarantor's signature Date

Name:	Date of Birth:
Res. Phone:	Buss. Phone:
Residence Address: _____ _____	
Social Security Number:	
	<u>X</u> _____ Borrower/Guarantor's signature Date

Name:	Date of Birth:
Res. Phone:	Buss. Phone:
Residence Address: _____ _____	
Social Security Number:	
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