

***Community Home Financial Services, Inc.***

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*234 East Capitol Street  
Jackson, MS 39201-2410  
PH: 601-923-1992/888-236-1992  
FX: 601-923-1938/888-841-1938*

\_\_\_\_\_  
Dealer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

**AUTHORIZATION TO RELEASE INFORMATION**

I/We authorize ***Community Home Financial Services, Inc.*** to make whatever inquiries it deems necessary in connection with my Dealer Agreement and Application. I/We authorize and instruct any person, supplier, financial institution or consumer report agency to comply and furnish any information it may have or obtain in response to such inquiries. I/We expressly intend that this Authorization to Release Information not expire and that it be effective at any time after the date below written for the purpose of reviewing my credit worthiness from time to time during the tenure of our business relationship. A photocopy of this authorization may be deemed to be the equivalent of the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number #

\_\_\_\_\_  
Date