

**Agri-One Financial  
303-773-3545**

## Credit Authorization

\_\_\_\_\_, hereinafter referred to as Applicant(s), has applied for a loan with Agri-One Financial, Inc.

The applicant understands that Agri-One Financial, Inc. must determine applicant's credit worthiness. This process will include contacting Applicant(s) current and past creditors, deposit accounts, employers, etc.

By executing this document Applicant(s) authorizes release of information to Agri-One Financial, Inc. for purposes of evaluating credit worthiness as well as performing post closing periodic checks, if the loan is approved.

Applicant(s) authorize creditors and account holders to rely upon a copy of this document as if it were an original.

Applicant (print full name) Social Security No.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant (print full name) Social Security No.

Signature \_\_\_\_\_ Date \_\_\_\_\_