

Release Authorization

I hereby authorize Geneva Capital, LLC to verify any credit information from whatever source it deems appropriate and I further authorize our banks, trade references and financial institutions the right to release by telephone or fax all credit information requested by Geneva Capital, LLC.

We understand that ANY information obtained will be treated confidentially. It will be used only in assisting _____
in securing lease financing. Company Name

Legal Company Name	
Personal Guarantor	
Name (First, MI, Last)	
SSN (XXX-XX-XXXX)	DOB (mm/dd/yyyy)

X _____
Signature Date

RETURN TO: Geneva Capital, LLC
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