



COMARCO ST. LOUIS, INC.

255 Northwest Blvd.
Fenton, MO 63026

Phone: (636) 305-0520
Fax: (636) 305-0522

Authorization to Release Credit Information

I/We at _____
hereby authorize you to release any information deemed necessary in connection with a credit report in an attempt to obtain open credit with COMARCO ST LOUIS INC. A photographic or carbon copy of this authorization (bearing a photographic or carbon copy of the signature (s) of the undersigned may be deemed to be the equivalent of the original and may be used as a duplicated original. Further, I understand that this information may be shared or disseminated with credit reporting bureaus. I release or indirectly with the processing of the credit application form any and all liability arising out of the possession, processing, gathering thereof and dissemination of this credit information, and/or from any errors or omissions in said credit report(s).

COMPANY NAME: _____

ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

DATE: _____