CREDIT RELEASE

ALLCREDIT ACCEPTANCE COMPANY, LLC
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678.494.6010 ***OFFICE*** *678.384.7154* ***FAX***

CUSTOMER DISCLOSURE RELEASE FORM
FAIR CREDIT REPORTING ACT

This application for a credit sale will be submitted to AllCredit Acceptance Company, LLC by _____ (dealer) for consideration as to whether it meets purchase requirements. I certify that the information contained herein is complete and accurate. I hereby authorize an investigation of my credit and employment history, to include information obtained from credit reporting agencies. I further authorize the release of information about my credit experience with AllCredit Acceptance Company, LLC should the referred company purchase my loan.

Please utilize this letter, or copy thereof, as appropriate authority to request and obtain any information concerning myself from employers, references or credit reporting agencies. I understand that the Federal Privacy Act, or other laws, rules, or regulations may prohibit disclosure of such information without this expressed approval and authority.

Signed:

_____ Date: _____
Borrower Signature

_____ _____
Social Security Number Date of Birth

ALLCREDIT ACCEPTANCE CO. LLC