

DATE : \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

In connection with my transaction with St. Francis Franchising Corp., I hereby authorize St. Francis Franchising Corp., or its representative whose signature appears hereunder to acquire information pertinent to my bank / credit account/s.

I. SAVINGS / CURRENT

ACCOUNT NUMBER	SA	CA
ACCOUNT NAME		
DATE OPENED		
AVERAGE DAILY BALANCE		
PRESENT BALANCE		
RECORD OF BOUNCED CHECK		
EXPERIENCE		
INFORMANT / DESIGNATION		
REMARKS		

II. T-BILLS, TRUST FUNDS, TIME DOLLAR  
DEPOSITS

III. CREDIT CARD

TYPE OF ACCT.		ACCOUNT NAME	
ACCT. NAME		CARD/ACCT.NO.	
ACCT. NUMBER		DATE GRANTED	
MATURITY		EXPIRY	
PRINCIPAL AMOUNT		CREDIT LIMIT	
INTEREST P.A.		PRESENT BAL.	
INFORMANT/		EXPERIENCE	
DESIGNATION		INFORMANT	
REMARKS		REMARKS	

Thank you.

Very truly yours,

\_\_\_\_\_

SFFC Authorized Representative,

\_\_\_\_\_  
CREDIT INVESTIGATOR

\_\_\_\_\_  
NOTED BY