



INFORMATION RELEASE AUTHORIZATION

To:	Fax:
Landlord:	Pages:
From:	Date:
Phone:	Fax:
Subject: Release of information to Global Swift Funding	

To Whom It May Concern:

This letter hereby authorizes the above mentioned Person and/or Company, to release information to Global Swift Funding, LLC (GSF). Said information will be used to determine eligibility for programs offered by GSF, therefore a timely response is requested and very appreciated. I agree to hold the above mentioned Person and/or Company harmless for the information provided and authorize the release of any additional information needed and/or requested by GSF.

Thank you for your prompt attention to this time sensitive matter.

Merchant Signature

Global Swift Funding, Rep Signature

Print Name

Print Name

Please fax completed form to 1-619-482-3110