



**RETURN ORIGINAL COMPLETED APPLICATION TO:**  
RSR Group, Inc., Records Dept., 4405 Metric Dr., Winter Park, FL 32792  
[records@rsrgroup.com](mailto:records@rsrgroup.com) Phone: 407-853-6203 Fax: 407-677-4465

## CONFIDENTIAL

### To Whom It May Concern:

The undersigned hereby authorizes the release of all credit information requested by RSR Group, Inc.

Name of Company \_\_\_\_\_

Name listed on bank account \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name Signed \_\_\_\_\_

Title (if any) \_\_\_\_\_

Date \_\_\_\_\_

(A facsimile or copy of my signature shall be deemed to be an original.)