



**CNC Associates, Inc.**  
**Haas Automation Leasing/Financing**  
2900 Challenger Place  
Oxnard, CA 93030  
Phone: (888) 350-4CNC Fax: (805) 278-8501

Date: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: CNC Associates, Inc.  
Re: Authorization for Release of Credit Information

Dear \_\_\_\_\_:

In order for us to process your credit application, we will need the following authorization to be signed by you. Your bank requires your written signature to release financial information.

Please complete the following form and fax it to us at (805) 278-8501.

**AUTHORIZATION FOR RELEASE OF CREDIT/BANK INFORMATION**

I/We hereby authorize any reference listed above/attached and any credit reporting agency to release to CNC Associates, Inc. any and all information which, in its sole discretion, CNC Associates, Inc. deems necessary to process this application for credit. **I/We affirm that all financial and other information I/we have provided with regard to this application is true and correct as of the day I/we provided it.**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Contact: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

**Please *print* this form and fax it to us at (805) 278-8501.**  
Select print on your browser toolbar.