
R_x Financial

Credit Authorization

14802 N. Dale Mabry Hwy, Suite 201 Tampa, FL 33618

phone (813)964-5644 fax (813)964-5633

I/we, the undersigned individual(s) as principal(s) of and/or guarantor(s) for the applicant, authorizes Rx Financial Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Date _____

Signature _____

Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Date _____

Signature _____