



ALLCREDIT ACCEPTANCE COMPANY, LLC
7977 HIGHWAY 92
WOODSTOCK, GA 30189
866.803.5128 OFFICE
770-790-3175 FAX

CUSTOMER DISCLOSURE RELEASE FORM FAIR CREDIT REPORTING ACT

This application for a credit sale will be submitted to *AllCredit Acceptance Company, LLC* by _____ (*dealer*) for consideration as to whether it meets purchase requirements. I certify that the information contained herein is complete and accurate. I hereby authorize an investigation of my credit and employment history, to include information obtained from credit reporting agencies. I further authorize the release of information about my credit experience with *AllCredit Acceptance Company, LLC* should the referred company purchase my loan.

Please utilize this letter, or copy thereof, as appropriate authority to request and obtain any information concerning myself from employers, references or credit reporting agencies. I understand that the Federal Privacy Act, or other laws, rules, or regulations may prohibit disclosure of such information without this expressed approval and authority.

Signed:

Borrower Signature

Date: _____

Social Security Number

Date of Birth

Co-Borrower Signature

Date: _____

Co-Borrower Social Security Number

Date of Birth