

Authorization to Release Credit Information

Please complete form and fax to 714.891.8666

The purpose of this form is to help protect your business from fraudulent activity.
We will release credit information about your company ONLY with your written consent.
Thank you for the opportunity to serve your business!

To: Paul Collins Associates

I _____ am currently in the process of establishing an
(Dealer Name)

account with _____ and I have submitted Paul Collins
(Manufacturer / Distributor)

Associates and/or PCA Distributing as a reference.

I authorize Paul Collins Associates/PCA Distributing to release all related credit
information to _____ in order to expedite my account.
(Manufacturer / Distributor)

Company Name _____ **PCA Acct #** _____

Your Name _____ **Date** _____
(Print Name)

(Signature) (Title)

After completing form, please fax to 714.891.8666



PaulCollinsAssociates

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