

AUTHORIZATION TO RELEASE INFORMATION

Authorization Dated _____

Sellers Names: _____

Unit Week: _____ Unit Number: _____

I/We hereby fully authorize you to release to **Dave Heine of PCS Holdings, LLC DBA PCS Title** or his representatives or assigns any and all information regarding the above referenced loan or account balances that they may require including any discussion of my loan, loan balance(s), payoff(s), credit transactions related to my timeshare sale, and loan inquiry. This form may be duplicated in blank or sent via facsimile transmission. This authorization is a continuing authorization for said person(s) or company to receive information about my loan or account balances including duplicates of any notices sent to me regarding my loan or account balances. (Please fax them to 321-281-6009.)

Name

Signature

Social Security Number

Name

Signature

Social Security Number