NAME OF LENDING INSTITUTION

ADDRESS

CONTACT NUMBER

**AUTHORIZATION LETTER**

This is to authorize **PHILGUARANTEE-AGG** to secure the following relevant credit information from **(Name of Creditor-Branch)** or any and all other creditors:

1. Client Since;
2. Credit Facility;
3. Availability End Date (if applicable);
4. Amount of Credit Facility;
5. Outstanding Obligations (as of);
6. Status (current/past due/restructured/etc.);
7. Credit Standing or Payment History (Satisfactory or Unsatisfactory);
8. Credit Rating;
9. Credit Investigation Results (including date of report/s).

in connection with our request for the establishment/re-establishment/renewal of AGFP guarantee line.

Issued this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Authorized Signatory** Position