

**CREDIT CHECK RELEASE**  
(Authorization to Release Credit Information)

**I/We** have applied for a Growth Through Agriculture (GTA) grant and/or loan. As a part of the application process, the Agriculture Development Council and the Department of Agriculture may choose to verify information contained in the application of owners in the company with a 20% or greater ownership and in documents required in connection with the grant and/or loan.

To help in the internal review process, **I/we** authorize any institution to release credit information concerning myself/ourselves or business to the State of Montana, Department of Agriculture and the Agriculture Development Council, and disclose factual information that they may request. Such information includes: employment history and income, bank and account balances, credit history, and copies of income tax returns.

**Send form one of 3 ways: 1) Fax:** (406) 444-9442

**2) Secure electronic file transfer:** <https://transfer.mt.gov> (if you have issues using file transfer call 406-444-2000 for assistance)

**3) Or Mail to:** Montana Department of Agriculture  
Attn: Growth Through Agriculture Program  
PO Box 200201  
Helena, MT 59620-0201

**(DO NOT email or send on [www.fundingmt.org](http://www.fundingmt.org))**

**Business Information**

Company Name \_\_\_\_\_  
Tax ID/Federal EIN \_\_\_\_\_  
Doing Business As (registered ABN): \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant Information – Principal #1**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**Principal #2**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_