



**CREDIT RELEASE**

Pursuant to Maine law, 9-B MRSA Section 162 (1), I hereby authorize the Maine State Lottery to obtain any necessary financial information or records from any credit bureau, financial institution or business reference pertaining to the credit history of the business or individual named below.

**For an entity:**

Name of Entity: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Name and capacity of authorized person: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

**For an individual, sole proprietorship or partnership:**

Name and Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Contact Person(s) at Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_