

AUTHORIZATION FOR PAYOFF

	Acct #	Date:
То:	Credit Concepts, Inc.	
l her	eby authorize you to acce	pt from:
	Name:	
	Address:	
instr	, being the balance due on my account and you are ructed upon receipt of the above amount to surrender the Documents itle, properly endorsed and released, to the above address.	
On N	Av (our)	
O 11 10	(Make of Vehicle)	(Motor/Serial number)
	Signed	