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— B A N K —

## CRA PUBLIC FILE REQUEST

CONTACT INFORMATION		
Name:		
Phone:		
Email:		
Address:		
City:	State:	ZIP Code:
Organization (if applicable):		
Contact Person (if different than above):		
Contact Phone:		
Email:		
Mailing Address (if different than above):		
City:	State:	ZIP Code:
REASON FOR THE REQUEST (OPTIONAL)		
SEND COMPLETED FORM TO:		
Credit Administration Department C/O Infinity Bank		
6 Hutton Centre Dr. Suite 100		
Santa Ana, CA 92707		
<b><i>A fee may be charged for each file requested, to cover the expense of copying and mailing</i></b>		
OFFICE USE ONLY		
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