

Credit Card Co-Signer Authorization

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Email]
[Your Phone Number]

[Credit Card Company Name]
[Credit Card Company Address]
[City, State, ZIP Code]

To Whom It May Concern,

I, [Your Name], hereby authorize [Co-Signer's Name] to co-sign my credit card application with [Credit Card Company Name]. I understand that my co-signer will be equally responsible for the repayment of debt incurred on this card.

Co-Signer Information:
Name: [Co-Signer's Name]
Address: [Co-Signer's Address]
Phone Number: [Co-Signer's Phone Number]
Email: [Co-Signer's Email]

By signing below, I confirm my consent for [Co-Signer's Name] to act as my co-signer.

Signature: _____
Printed Name: [Your Name]
Date: _____

Co-Signer Signature: _____
Printed Name: [Co-Signer's Name]
Date: _____

Thank you for your attention to this matter.

Sincerely,
[Your Name]