



Credit Authorization Form

Borrower Name _____ Co-Borrower Name _____

Date of Birth _____ Date of Birth _____

Social Security Number _____ Social Security Number _____

Current Address _____

Contact Phone Number _____

Credit Authorization and Release

By signing below, I hereby certify: (i) the information provided is true and correct (ii) You are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for review or collecting the resulting account, (iv) this information may be transmitted by us to you and to underwriter(s) for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over eighteen years, (vi) I acknowledge my rights under the Fair Credit Reporting Act, and (vii) this request is for business and not for consumer purposes.

X _____ Date _____

X _____ Date _____