



AUTHORIZATION TO OBTAIN CREDIT INFORMATION

I/WE REPRESENT AND WARRANT THAT THE INFORMATION PROVIDED IN THIS CREDIT APPLICATION IS COMPLETE, ACCURATE AND TRUE. EACH INDIVIDUAL SIGNING BELOW ALSO REQUESTS AND AUTHORIZES ANY LENDERS OR FUNDING SOURCE WHICH MAY BE UTILIZED (COLLECTIVELY REFERRED TO AS "LENDERS") TO OBTAIN INFORMATION FROM THE REFERENCES LISTED IN THIS CREDIT APPLICATION AND OBTAIN COMMERCIAL AND/OR CONSUMER CREDIT HISTORIES THAT WILL BE ONGOING AND RELATE NOT ONLY TO THE EVALUATION OF THE BUSINESS CREDIT REQUESTED, BUT ALSO FOR PURPOSES OF REVIEWING THE ACCOUNT, INCREASING THE CREDIT LINE ON THE ACCOUNT (IF APPLICABLE), TAKING COLLECTION ACTION ON THE ACCOUNT, AND FOR ANY OTHER LEGITIMATE PURPOSE ASSOCIATED WITH THE ACCOUNT AS MAY BE NEEDED.

A facsimile, electronic or other copy of this signed authorization shall be as valid as the original.

Applicant's Signature Applicant's Printed Name Date

Social Security # Address

Date of Birth City, State, Zip

Applicant's Signature Applicant's Printed Name Date

Social Security # Address

Date of Birth City, State, Zip