

First Financial

FIRST FINANCIAL CREDIT AUTHORIZATION / RELEASE

Fill out all sections completely. SIGN & FAX to: (954) 630-1015

INSTRUCTIONS: ALL APPLICATIONS WITHOUT ALL STEPS FOLLOWED WILL NOT BE PROCESSED.

- 1- COMPLETE IN BLACK INK...ALL OWNERS/PARTNERS MUST SIGN AT THE BOTTOM.
- 2- LOCATE YOUR STATE CORPORATION DOCUMENT OR TAX SCHEDULE "C".
- 3- ENLARGE YOUR DRIVER LICENSE & SEND ALL TO THE FAX NUMBER ABOVE.

Legal Name of Business and DBA (if any)		Date Incorporated:	
Business Address: Include Street – City – State – Zip Code			
Business Email:	Annual Gross Revenue:	Avg. Daily Bank Balance:	Avg. Monthly Deposit:
Principal Owner # 1 First Name – Middle Initial – Last Name:		Date of Birth:	Owner # 1 Social Security #:
Principal Owner # 1 Full Home Address – Street – City – Zip Code			

Principal Owner # 2 First Name – Middle Initial – Last Name	Date of Birth:	Owner # 2 Social Security #:
Principal Owner # 2 Full Home Address – Street – City – Zip Code:		

Driver License Owner # 1	State Issued	Driver License Owner # 2	State Issued
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Business Phone #	Cellular Phone Number Owner # 1	Fax Number:
Home Phone #	Cellular Phone #	Loan Amount Requested:

Legal Statement

BY SIGNING BELOW, EACH UNDERSIGNED INDIVIDUAL(S), WHO IS A PRINCIPAL OR THE CREDIT APPLICANT LISTED BELOW OR A PERSONAL GUARANTOR OR IT'S OBLIGATIONS, PROVIDES WRITTEN INSTRUCTION TO LENDER, LESSOR, FUNDING UNDERWRITER OR IT'S DESIGNEE, AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE THEREOF, TO GRANT AUTHORIZATION TO REVIEW THEIR PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU. AUTHORIZATION SHALL EXTEND TO OBTAINING A CREDIT PROFILE IN CONSIDERING THE APPLICATION OF THE CREDIT APPLICANT AND SUBSEQUENTLY FOR THE PUPORSES OF UPDATE RENEWAL OR EXTENTION OF SUCH CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

IN ADDITION TO AUTHORIZING REVIEW OF MY/OUR CREDIT PRIFILE FROM ANY NATIONAL CREDIT BUREAU, THE UNDERSIGNED ALSO AUTHORIZES MY/OUR FINANCIAL INSTITUTIONS AND CREDITORS TO RELEASE CREDIT INFORMATION REQUIRED BY THE LENDER, LESSOR, FUNDING UNDERWRITER OR IT'S DESIGNEE, AND ANY ASSIGNED OR POTENTIAL ASSIGNEE THEREOF.

OWNER # 1 SIGNATURE: X _____

DATE: _____

OWNER # 2 SIGNATURE: X _____

DATE: _____

FAX BACK TO (954) 630-1015