

Credit Authorization

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el dorado commercial finance llc


E-MAIL: _____

APPLICANT: _____

ADDRESS: _____

CITY, STATE, _____

ZIP: PHONE: _____

SS#: _____

BIRTH DATE: _____

BY SIGNING BELOW, THE UNDERSIGNED INDIVIDUAL, WHO IS EITHER A PRINCIPAL OF THE CREDIT APPLICANT OR A PERSONAL GUARANTOR OF ITS OBLIGATION, PROVIDES WRITTEN INSTRUCTION TO:OR ITS DESIGNEE (AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE THEREOF) AUTHORIZING REVIEW OF HIS/HER PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU. SUCH AUTHORIZATION SHALL EXTEND TO APPLICATION AND SUBSEQUENTLY FOR PURPOSES OF UPDATE, RENEWAL OR EXTENSION OF SUCH CREDIT OR ADDITIONAL CREDIT FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A PHOTOSTAT OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL. BY SIGNING BELOW, I/WE AFFIRM MY/OUR IDENTITY AS THE RESPECTIVE INDIVIDUAL/S IDENTIFIED IN THE ATTACHED APPLICATION.

SIGNATURE

DATE