

CREDIT REPORT AUTHORIZATION



Business Entity

Date _____
Tax ID # _____
Customer # _____
Other Services _____

Savings Account # _____
Checking Account # _____
Loan # _____

As used in this document, the words "you" and "your" mean the individual signers listed below and the words "we" and "us" mean the financial institution.

We need to verify your creditworthiness for the following reason(s):

- The above-named Business Entity with which you are associated has applied for a loan from us.
- The above-named Business Entity with which you are associated has applied to open a deposit or share account with us.
- _____

You understand that we have a current need to review your creditworthiness as an individual. By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you. You also acknowledge that we will verify the creditworthiness of the above-named Business Entity.

(Name/Title) (Identifying Information)

(Name/Title) (Identifying Information)

(Signature) (Date)

(Signature) (Date)

(Name/Title) (Identifying Information)

(Name/Title) (Identifying Information)

(Signature) (Date)

(Signature) (Date)