

Credit Authorization

TO: Lender / Bank

I represent that all information below is true, correct, and complete. I understand that you will use this information to check my credit, and retain it for future use. This form allows any lender, bank, or any of their agents or assigns the authorization to check credit, pull any necessary reports, and review anything related to me personally or my company with regard to my request for financing. I also authorize any of my / our creditors to release this information. If the request for credit is denied, then I have the right to request in writing a statement of the reasons for the denial.

Business Name: _____

Address: _____

City State Zip: _____

Fed Tax ID Number: _____

Phone: _____ Office: _____ Cell: _____

Email Address: _____

Time in Business: _____

Business Owner: _____

Home Address: _____

City State Zip: _____

Social Security Number: _____ Date of Birth: _____

Authorized Signature: _____

Return via email to: credit@BECMCL.com