



CREDIT AUTHORIZATION FORM

The undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written authorization to TCCG, LLC dba The Cambridge Capital Group, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application.

Company/DBA

Print Name/Title

SSN

Personal Residence Address

City, State and Zip Code

Signed

Date

Print Name/Title

SSN

Personal Residence Address

City, State and Zip Code

Signed

Date

Please utilize only complete and legal name(s) with signature(s) being those of only duly authorized corporate officers(s), partner(s), member(s) or proprietor.

This authorization also permits TCCG, LLC dba The Cambridge Capital Group to obtain personal bank checking and/or loan account ratings if provided by applicant. Thank you for your anticipated cooperation.