

COMMERCIAL FUNDING NETWORK, INC.

Independent Financing For Your Business Growth

PO Box 9584
Niskayuna, NY 12309
518-346-2115 (tel)

Credit Authorization

Information provided will be used only to assist us in reviewing a business credit request in the name of:

Applicant Business Name: _____

Personal Information of owner, partner, officer or guarantor

Individual Role (check all that apply)

____ Owner of ____% of business

____ Officer of business

____ Proposed guarantor of the credit request

Name: _____

Home Address: _____

Home Telephone: _____

Social Security # _____

Date of Birth: _____

The undersigned authorizes Commercial Funding Network, Inc (CFN) or its assigns to request and review pertinent credit information in connection with the pending business credit request.

You may obtain a credit report about me in connection with that application and any update of renewal of the account. You may also obtain a bank reference or trade reference on my bank, or any trade references listed on my application.

If you obtain a credit report you will tell me the name and address of the credit reporting bureau if I so request.

X _____ Date: _____

PLEASE RETURN BY FAX TO 212-658-9003

Please reproduce and complete this form for each owner or guarantor as required.