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Email: info@nationalcreditpartners.org

Website: www.nationacreditpartners.org

COMPANY INFORMATION

Legal Name of Entity:		Business Inception Date:	
Federal Tax ID (EIN):		State Where Business Was Formed:	
Legal Structure: <input checked="" type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship			
Full Time Employees:		Part Time Employees:	Type of Industry:
Business Address:			
City:	State:	ZIP Code:	Estimated Monthly Revenue:
Phone:		Ext:	Website:

BUSINESS OWNER

Full Name:		Date of Birth:	
Primary Address:			
City:	State:	ZIP Code:	
Home Phone:		Mobile Phone:	
E-mail:		Social Security #:	
Driver's License #:		Driver's License State:	Ownership %:

BUSINESS OWNER 2

Full Name:		Date of Birth:	
Primary Address:			
City:	State:	ZIP Code:	
Home Phone:		Mobile Phone:	
E-mail:		Social Security #:	
Driver's License #:		Driver's License State:	Ownership %:
Business Owner Signature:		Business Owner 2 Signature:	
Title:		Title:	
Date:		Date:	

AUTHORIZATION FORM

Authorization is hereby granted National Credit Partners (NCP) to obtain financial related information. Information such as; business and personal bank statements, Tax returns, Balance and profit and loss statements. I understand and agree that NCP intends to use the financial information for the purposes of evaluating my business debt.

I understand that this financial related information will be retained on file at the NCP office for use only by NCP staff, partners and lenders. This information will not be disclosed to anyone by NCP without my written consent.

My signature below authorizes financial related information which I have supplied to National Credit Partners in connection with such an evaluation. Authorization is further granted to any other financial related information to use photo static reproduction of this form if required to obtain any information necessary to complete my application.

SIGNING BELOW GRANTS PERMISSION FOR THE RELEASE OF FINANCIAL INFORMATION AND GRANTS PERMISSION FOR KVC GROUP LLC TO OBTAIN ANY OTHER FINANCIAL INFORMATION.

Applicant's Name (Printed)

Complete Address

Applicant's Signature

Date

Applicant's Social Security Number

Date of Birth

Co-Applicant's Name (Printed)

Complete Address

Co-Applicant's Signature

Date

Co-Applicant's Social Security Number

Date of Birth

SALES INQUIRY

[illegible]