

CREDIT AUTHORIZATION FORM

(**PAY CHECK PROTECTION PROGRAM – PPP**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant** | | **Co‐Applicant** | |
| Full name | | Full name | |
| Street address | | Street address | |
| City/State/Zip | | City/State/Zip | |
| County | | County | |
| Since | * Own * Rent $ | Since | * Own * Rent $ |
| Social security # | Date of birth | Social security # | Date of birth |
| Phone: residence | Work | Phone: residence | Work |
| Employer | | Employer | |
| Address | | Address | |
| Position/Title | | Position/Title | |
| Dependents/Include Self/Ages | | Dependents/Include Self/Ages | |
| Marital status\*   * Single Married Separated  Divorced | |  | |
| \*Do not provide information if your application is for individual credit | | | |

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information obtained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

Date Your Signature

Date Co‐Applicant signature