

2441 Webb Ave Suite 11F, Bronx NY 10468 T-866-364-2233 • F-509-463-8926 • Text (917) 655-8888

WWW.CCSSUSA.COM info@ccssusa.com

Business Name: _____ **Started** _____

Business D/B/A: _____ **Tax Id #** _____

Physical Address: _____

Business Telephone: _____ **Fax** _____ **Cell** _____

Web Page: _____ **Email** _____

Food Stamp Lic # _____

LandLord Name _____ **Tel #** _____

PLEASE TAKE THIS INFO. FROM THE ORIGINAL DRIVER LICENSE

Full Name: _____

Cell: _____ **Home Phone:** _____

Home Address: _____

Email _____

Date of Birth _____ **SS#** _____

Driver License _____ **Exp** _____ **STATE** _____

Applicant warrants all credit and financial information submitted to CCSS Business Finance and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize CCSS Business Finance and/or its assigns to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original. All Finance programs are based under terms & conditions agreements of our Business Finance Services providers partners.

Signature _____ **Date** _____

Print Name _____ **Title:** _____

PLEASE FAX 1-509-463-8926 OR EMAIL TO info@ccssusa.com

- *ART OF CORPORATION**
- *IRS TAX ID COPY**
- *STATE BUSINESS LICENSE**
- *LAST YEAR BUSINESS TAX RETUNS**
- *LAST 12 MONTHLY MERCHANT STATEMENTS**
- *LAST 12 BUSINESS BANK STATEMENTS**
- *VOID CHECK**
- *DRIVER LICENSE**
- *MARKETING MATERIAL**