

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 #** _____ **Number of Cashiers** _____**APPLICANT #1****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 #1****Signature** _____ **Date** _____**Print Name** _____ **Title:** _____**APPLICANT #2****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 #2****Signature** _____ **Date** _____

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 resuing 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.

APPLICANT #1 _____**APPLICANT #2** _____