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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** _____