

FRONTIER FUNDING CREDIT AUTHORIZATION

COMPLETE IN BLACK INK... FILL OUT ALL SECTIONS OR WE WILL NOT PROCESS!

Legal Name of Business and DBA (if any)		Date Incorporated or Opened	
Business Address: Include Street - City - State - Zip Code			
Business Email Address	Annual Gross Revenue	Av Daily Bank Balance	Av Monthly Deposit
Principal Owner # 1: First Name - Middle Initial - Last Name		Date of Birth	Owner #1 Social Security Number
Principal Owner # 1: Full Home Address - Street - City - Zip Code			

Principal Owner # 2: First Name - Middle Initial - Last Name		Date of Birth	Owner #2 Social Security Number
Principal Owner # 2: Full Home Address - Street - City - Zip Code			

Driver License Owner #1	Driver License Owner #2	Extra comments:
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Business Phone	Cellular Phone Owner 1	Fax Number (for us to send back docs)
Alternative Contact Phone for?	Cellular Phone Owner 2	Home Phone Owner 1

Legal Statement (version 7-27-07)

BY SIGNING BELOW, EACH UNDERSIGNED INDIVIDUAL(S), WHO IS A PRINCIPAL OR THE CREDIT APPLICANT LISTED BELOW OR A PERSONAL GUARANTOR OF ITS OBLIGATIONS, IS IN FULL AGREEMENT THAT:

- A FRONTIER FUNDING "CERTIFIED" REPRESENTATIVE STATED THAT EACH LOAN APPLICANT REQUIRES A MINIMUM CREDIT SCORE OF 680, EXCELLENT CREDIT HISTORY AND 2-3 YEARS IN BUSINESS TO QUALIFY FOR OUR PROGRAM;
- AND APPROVALS COMMONLY FUND AT A RATE OF PRIME PLUS TWO POINTS, SOMETIMES MORE, SOMETIMES LESS;
- **AND THE STATED CLOSING COST (SEE AGREEMENT) IS DUE THE SAME LITERAL DAY THE APPLICANT IS FUNDED;**
- AND NO OTHER SECONDARY FEES, PERFORMANCE DUES, CLOSING COSTS WILL BE CHARGED BY THE BROKER;

AND IN ADDITON, GRANTS WRITTEN AUTHORIZATION FOR A LENDER, LESSOR, FUNDING UNDERWRITER OR ITS DESIGNEE, AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE THEREOF, TO REVIEW MY/OUR PERSONAL CREDIT PROFILE FROM ANY NATIONAL CREDIT BUREAU. THIS AUTHORIZATION SHALL EXTEND TO OBTAINING A CREDIT PROFILE IN CONSIDERING THE APPLICATION OF THE CREDIT APPLICANT AND SUBSEQUENTLY FOR THE PURPOSES OF UPDATE RENEWAL OR EXTENSION OF SUCH CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT; INCLUDING AUTHORIZING MY/OUR FINANCIAL INSTITUTIONS AND CREDITORS TO RELEASE CREDIT INFORMATION REQUIRED BY THE LENDER, LESSOR, FUNDING UNDERWRITER OR ITS DESIGNEE AND ANY ASSIGNED OR POTENTIAL ASSIGNEE THEREOF. ANY PHOTOCOPY OF THIS DOCUMENT SHALL BE AS VALID AS THE ORIGINAL.

OWNER #1 SIGNATURE: X _____ Date: _____

OWNER #2 SIGNATURE: X _____ Date: _____

***** INSTRUCTIONS: APPS SENT WITHOUT THE DOCUMENTS BELOW WILL NOT BE PROCESSED**

1 - FIND YOUR STATE CORPORATION DOCUMENT OR OLDEST TAX SCHEDULE "C"

3 - ENLARGE YOUR DRIVER LICENSE & SIGN OUR CLOSING AGREEMENT AND FAX ALL TO:

FAX HOTLINE: (775) 418- 2332