

## Contact: Liz Poventud x208

CORPORATE INFORMATIO	JN:		ION:
COMPANY			
DBA NAME		STREET	
STREET		CITY	STATE ZIP
СІТҮ	STATE	PHONE	
CONTACT	ZIP	FAX #	
EMAIL		SALES REP	
PHONE	FAX		
CORPORATION	PROPRIETORSHIP	PARTNERSHIP	
DATE ESTABLISHED	TYPE OF BUSIN		FED TAX ID #
EQUIPMENT INFORMATIO	N:		
EQUIPMENT COST (excluding sales tax)		TERM	OPTION
EQUIP. LOCATION (if different from above)			COUNTY
EQUIPMENT DESCRIPTION (mfg./make/model)			
BANK REFERENCE:		BUSINESS LEASE OR	LOAN REFERENCES:
BANK			
ACCT. #		ACCT. #	
CONTACT		CONTACT	
PHONE		PHONE	
BUSINESS OWNER / INFO	e provide previous bank information) ORMATION:	) (Provide only if requested a If more than one owner please	
NAME		NAME	
STREET		STREET	
СІТҮ	STATE ZIP	CITY	STATE ZIP
TITLE	SS#		SS#
HOME PHONE	% OWNED	HOME PHONE	% OWNED
AUTHORIZATION TO RELI	EASE INFORMATION:		
The undersigned individual(s), who have agreed to serve as guarantors of the payment obligations of the applicant and who also recognizes that his or her individual credit history may be a factor in evaluation of the credit of the applicant, hereby provides written authorization to Innovative Capital Corp. and its funding source to obtain, use, review and consider the personal credit report, and to contact banking and other appropriate credit references of the undersigned individual(s) in connection with the requested financing for the applicant. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal or extension of further credit, collection or updating the applicant's account. By signing below, the undersigned individual(s) hereby (a) affirm their respective identity as the individual(s) identified herein and that their signatures below are their true and accurate signature, (2) provide upon request an original signature of the within authorization shall be valid and may be used as if it were an original.			
APPLICANTS SIGNATURE		APPLICANTS SI	GNATURE
individually And Not in any other capacity, individually And Not in any other capacity,			
Please fax back to 704-688-9570			