

SURVIVOR FINANCIAL SERVICES

4907 Perceptive Way Sacramento, Ca. 95842

Tel: (916) 469-7206 Fax (916) 647-0546

Email survivorfinancial@comcast.net

Circle one below

Roger Koplin Jr.

Legal Business Name	<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole prop	Time Of operation
Business Address-	Number of employees=	
City	Phone Number	
State	Zip	

Ownership Information

Owner #1	Title	Social Security Number
Home Address		Cell or Home Number
City *	Zip	
State *		Social Security Number
Owner #2	Title	
Home Address		Cell Or Home Number
City *		
State *	Zip	

Bank Information

When requested

Bus Bank Name	Account Number-optional	Phone Number

"Or send app with two months bank statement cover pages"

Equipment Information

Vendor Name:	Equipment Needed	Amount Requested
	Attach quote if available	

THE UNDERSIGNED, RECOGNIZING THAT HIS/HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE ABOVE NAMED CREDIT PROVIDER AND ANY ASSIGNEE, LENDER OR FUNDING SERVICE THAT MAY BE UTILIZED TO OBTAIN A CONSUMER CREDIT REPORT ON THE UNDERSIGNED, NOW AND FROM TIME TO TIME, AS MAY BE NEEDED IN THE CREDIT EVALUATION AND REVIEW PROCESS AND WAIVES ANY RIGHT TO CLAIM THAT THEY WOULD OTHERWISE HAVE UNDER THE FAIR CREDIT REPORTING ACT IN THE ABSENCE OF THIS CONTINUING CONSENT. THE UNDERSIGNED CONSENTS TO AND AUTHORIZES THE ABOVE CREDIT PROVIDER AND/OR ITS ASSIGNS TO OBTAIN INFORMATION FROM ANY SOURCE RELATED TO ITS CREDIT STANDING AND AGREES TO SUPPLY SUCH FINANCIAL STATEMENT(S) AND ANY OTHER INFORMATION VIA FAX OR OTHERWISE AS MAY BE REASONABLY REQUESTED AND WARRANTS THE ACCURACY OF THE INFORMATION IN THIS APPLICATION AND ANY OTHER MATERIAL SUBMITTED BY THE UNDERSIGNED. **PLEASE BE ASSURED THAT ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.**

FEDERAL ID #: _____

OWNER # 1 TITLE OWNER # 2 TITLE

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