



**Credit Authorization Form**

**Website Generated Authorization (info@olyfinancial.com)**  
**Toll Free (800) 284-0103 | Main (253) 479-1332 | Toll Free Fax (888) 621-7939**

<b>Company Info</b>	Business Name Requesting Credit	
	Contacts Name:	
	Business Phone Number:	Fax No.:

**Guarantor / Authorizing Party #1 Info** \*\* Please have the Individual authorizing the review of their credit complete the lower section and sign / date the bottom

<b>Owner #1 Info</b>	Name:		Title:	% of Ownership:	
	Residential Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent		City:	State: Zip:	Years at Residence:
	Home / Cell Phone No. (Area Code):	Social Security #	Date of Birth:	Annual Income: \$	

**Guarantor / Authorizing Party #2 Info** \*\* Please have the Individual authorizing the review of their credit complete the lower section and sign / date the bottom

<b>Owner #2 Info</b>	Name:		Title:	% of Ownership:	
	Residential Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent		City:	State: Zip:	Years at Residence:
	Home Phone No. (Area Code):	Social Security #	Date of Birth:	Annual Income: \$	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes Olympic Financial or any lender / funder which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that may/will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

 _____ Signature	_____ Signer's Printed Name	_____ Date
 _____ Signature	_____ Signer's Printed Name	_____ Date

ECOA NOTICE (TO BE RETAINED BY APPLICANT (S)) Detach Here

*Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.*