

FORD



FINANCIAL SERVICES, INC.

CREDIT AUTHORIZATION FORM

COMPANY INFORMATION

Full Legal Business Name:	D.B.A.:
Street Address:	Phone: ()
City/State/Zip:	Fax: ()

AUTHORIZATION

- Financing arranged through Ford Financial Services, Inc., a California based Corporation -

I/WE HEREBY AUTHORIZE FORD FINANCIAL SERVICES, INC. ("FFSI"), OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY FFSI, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME/US OR FROM ANY OTHER PERSON OR ORGANIZATION PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. I/WE UNDERSTAND THAT ALL INFORMATION SUBMITTED TO AND/OR COMPILED BY FFSI SHALL BECOME THE SOLE PROPERTY THEREOF. I/WE, RECOGNIZING THAT MY/OUR INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT OF THE APPLICANT, HEREBY CONSENT TO AND AUTHORIZE FFSI, AND/OR ITS EMPLOYEE(S), AGENT(S) AND/OR ASSIGNEE(S), TO OBTAIN AND USE A CONSUMER CREDIT REPORT ON ME/US, NOW AND FROM TIME TO TIME, AS MAY BE NEEDED IN THE CREDIT EVALUATION AND REVIEW PROCESS AND WAIVE ANY RIGHT OR CLAIM I/WE WOULD OTHERWISE HAVE UNDER THE FAIR CREDIT REPORTING ACT IN THE ABSENCE OF THIS CONTINUING CONSENT.

OWNER/PRINCIPAL/MAJOR SHAREHOLDERS/GUARANTOR INFORMATION

#1 Name:	Title:	#2 Name:	Title:
Social Security #:	% Ownership:	Social Security #:	% Ownership:
Cell Phone: ()	E-mail:	Cell Phone: ()	E-mail:
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?	
Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
#1 SIGNATURE: _____		#2 SIGNATURE: _____	
TITLE: _____ DATE: _____		TITLE: _____ DATE: _____	
#3 Name:	Title:	#4 Name:	Title:
Social Security #:	% Ownership:	Social Security #:	% Ownership:
Cell Phone: ()	E-mail:	Cell Phone: ()	E-mail:
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?	
Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
#3 SIGNATURE: _____		#4 SIGNATURE: _____	
TITLE: _____ DATE: _____		TITLE: _____ DATE: _____	
#5 Name:	Title:	#6 Name:	Title:
Social Security #:	% Ownership:	Social Security #:	% Ownership:
Cell Phone: ()	E-mail:	Cell Phone: ()	E-mail:
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent How Long?	
Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Your Assets Held In Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Been Convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
#5 SIGNATURE: _____		#6 SIGNATURE: _____	
TITLE: _____ DATE: _____		TITLE: _____ DATE: _____	

*** PLEASE E-MAIL OR FAX THIS DOCUMENT TO: INFO@FFSIUSA.COM OR (760) 944-9759 ***