



1. Certification: I the undersigned certify the following:

- A. I request that Seed Consulting, LLC DBA Seed Capital Corp apply for multiple Business Credit Lines on my behalf. These may include Bank Cards, Business Credit Cards, Lines of Credit, Bank Loans and Vendor Credit Accounts. Let it be known to all persons that I have given true, lawful and expressed permission to act on my behalf, in my place and in my stead, for the specific and limited purpose of applying for business credit accounts, processing and endorsing documentation with regards to those applications and opening of an email account for application correspondence to Seed Capital Corp for a time period of four (4) months from the effective date.
- B. I have completed the application fields containing personal information and information on the business. I certify that all of the information is true and correct. I made no misrepresentations in the application, nor did I omit any pertinent information. I understand and agree that the potential lenders who receive the applications reserve the right to request documentation to support these statements. This may include verifying the information provided on the application with the applicant or other means.
- C. I understand that I will be held responsible both personally and jointly with the business for any lines I choose to utilize or authorize any other person to utilize.

2. Authorizaticb to Release Information:

- A. As part of the application and verification process, I authorize Seed Capital Corp to provide potential lenders via phone, mail, fax, or internet with the information in this document as part of the underwriting process.
- B. I understand that my personal credit and/or business credit will be reviewed by potential lenders as part of the underwriting process and that this will result in numerous inquiries in my personal and business credit report.

PERSONAL INFORMATION - Please TYPE into the Fields ONLINE then print and sign

FIRST NAME : _____ MIDDLE NAME _____

LAST NAME: _____ EMAIL: _____

HOME# _____ CELL# _____

HOME ADDRESS: _____ YRS AT ADDR _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ SS#: _____ U.S. CITIZEN? _____

MOTHERS MAIDEN NAME: _____

UNIQUE IDENTIFICATION WORD: NAME OF A PET: _____

YOUR ANNUAL INCOME: _____ HOUSEHOLD INCOME: _____



FILL OUT COMPLETELY - EVERY FIELD IS REQUIRED.

BUSINESS NAME: _____ My Title/Position: _____

INDUSTRY TYPE : _____

BUSINESS# _____ FAX# _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EIN #: _____ (check one) ___ Corp ___ LLC ___ Sole Prop ___ Non Profit

YEARS IN BUSINESS: _____ DUNS #: _____ (not req)

TOTAL ANNUAL SALES: _____ # OF EMPLOYEES: _____

I AM SEEKING \$ _____ IN BUSINESS CREDIT ACCOUNTS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL THE INFORMATION PROVIDED IS TRUE AND CORRECT:

AUTHORIZED SIGNATORY: _____

FAX TO (866) 713-6206 **EFFECTIVE DATE:** _____

State of _____ County of _____

This instrument was acknowledged before me on _____

By _____

Notary Seal
Signature of Notary Public

Notary Public, State of _____ My commission expires _____

Notary Cell Phone # for Confirmation of Authenticity _____



CURRENT PERSONAL INFORMATION - Please TYPE into Forms ONLINE

Sign up for **Credit Check Total** ([Click Here](#) or visit SeedCapital.com). You may change the password or cancel after we have reviewed the credit. Access allows us to monitor credit changes as they appear.

REQUIRED - Credit Check Total (C.C.T.) Username _____ Password _____

C.C.T. PLUS SCORES: TRANS _____ EXP _____ EQU _____

ARE THERE ANY DEROGATORY MARKS ON YOUR CREDIT? _____

EVER HAD A BUSINESS ACCOUNT GO TO COLLECTIONS? _____

IF SO WITH WHAT INSTITUTIONS & WHEN? _____

HAVE YOU EVER STOPPED PRE-APPROVED PERSONAL CREDIT OFFERS? _____

INQUIRIES IN LAST 12 MO: TRANS _____ EXP _____ EQU _____

HAVE YOU APPLIED FOR CREDIT IN THE LAST 30 DAYS? _____

IF SO WITH WHAT INSTITUTIONS? _____

HAVE YOU FILED FOR BANKRUPCY IN THE LAST 10 YEARS? Date Filed: _____

PERSONAL MORTGAGES: Primary Residence 1st and 2nd

BANK: _____ PAYMENT: _____ YRS OPEN: _____

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BUSINESS CREDIT CARDS: List All Open Revolving Accounts (not Debit Cards)

BANK: _____ LIMIT: _____ BAL: _____ YRS OPEN: _____

BANK: _____ LIMIT: _____ BAL: _____ YRS OPEN: _____

BANK: _____ LIMIT: _____ BAL: _____ YRS OPEN: _____

BANK: _____ LIMIT: _____ BAL: _____ YRS OPEN: _____

BANK: _____ LIMIT: _____ BAL: _____ YRS OPEN: _____

BANK INFORMATION: Enter all that apply

PERS. CHECKING ACCT BANK NAME: _____ AVG BALANCE \$ _____

PERS. SAVINGS ACCT BANK NAME: _____ AVG BALANCE \$ _____

BUS. CHECKING ACCT BANK NAME: _____ AVG BALANCE \$ _____