

AUTHORIZATION FORM

Applicant:

Business Name: _____

Authorization is hereby granted to Evergreen Financial, Inc. or its assigns to obtain information regarding checking/savings accounts and any credit accounts or loans concerning the applicant, corporate officers and guarantors listed herein. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of any updates, renewals, and/or additional credit, as well as for reviewing and collecting the resulting account(s). Authorization is further granted to use photocopies or fax copies of my signature, as it appears herein to obtain information regarding any of the aforementioned items.

Name

Signature

Return this form to:

Evergreen Financial, Inc.

16200 SW Pacific Hwy, Suite H171
Portland, OR 97224
800-239-3814
Fax 866-336-9941