



Credit Authorization

Permission to Pull Credit Report

I hereby authorize Stalliongates Capital, LLC and its designated lending partners to obtain my credit report from one or more consumer reporting agencies. This authorization is given in connection with my application for commercial financing.

I understand that:

- This inquiry may appear on my credit report
- The credit report will be used solely for evaluating my loan application
- My information will be kept confidential and secure
- I may request a copy of any credit report obtained

APPLICANT INFORMATION

Full Legal Name (as it appears on credit report)

Social Security Number

Date of Birth

Current Address

City

State

ZIP Code

Previous Address (if less than 2 years at current)

Phone Number

Email Address

CO-BORROWER / GUARANTOR (if applicable)

Full Legal Name

Social Security Number

Date of Birth

Current Address

AUTHORIZATION SIGNATURES

By signing below, I confirm that I have read and agree to the terms above.

Applicant Signature

Date

Co-Borrower Signature (if applicable)

Date