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PLEASE TAKE THIS INFO. FROM THE ORIGINAL DRIVER LICENSE

BORROWER'S INFORMATION:

First Name _____ **Last Name** _____
Home Address _____ **Email** _____
City: _____ **State:** _____ **Zip Code:** _____
Phone # _____ **Cell #** _____
Date Of Birth: _____ **Social Security #** _____
Driver License # _____ **Exp Date:** _____ **State** _____

PLEASE TAKE THIS INFO. FROM THE ORIGINAL DRIVER LICENSE

CO-SIGNER'S INFORMATION:

First Name _____ **Last Name** _____
Home Address _____ **Email** _____
City: _____ **State:** _____ **Zip Code:** _____
Phone # _____ **Cell #** _____
Date Of Birth: _____ **Social Security #** _____
Driver License # _____ **Exp Date:** _____ **State** _____

Applicant warrants all credit and financial information submitted to CCSS Business Finance and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize CCSS Business Finance and/or its assigns to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original. All Finance programs are based under terms & conditions agreements of our Business Finance Services providers partners.

BORROWERS: Signature _____ **Date:** _____

CO-SIGNERS: Signature _____ **Date:** _____

PLEASE FAX 1-509-463-8926 OR SCAN & EMAIL TO: INFO@CCSSUSA.COM

700+ PERSONAL CREDIT SCORES **MINIMUM REQUIRED*

***3 BUREAUS / CREDIT REPORT - **COPY** - RECENT AT TODAY**

***2 YEARS PERSONAL TAX RETURNS : (ALL PAGES)**

***4 MONTHS OF PAYSTUBS - **COPY** - (ALL PAGES)**

DRIVER LICENSE - **COPY*

SOCIAL SECURITY - **COPY*

***2 HOME UTILITY BILLS - (CABLE, TELEPHONE, ELECTRIC SERVICES) (ALL PAGES)**