



CREDIT RELEASE AUTHORIZATION

By my/our signature on this Application, I/we hereby certify that all information contained in this Application & attachments are true and complete to the best of my/our knowledge, and are made for the purpose of obtaining credit. I/we authorize JB II Funding Corporation, and/or its assigns, to verify any of the information from whatever source it deems appropriate, which authorization shall extend to obtaining and reviewing my/our personal credit from a national credit bureau and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. I/we further authorize any of the above references to release credit information to JB II Funding Corporation and/or its assigns. I/we agree to notify JB II Funding Corporation of any material change in my/our affairs, and this statement shall also be construed by you to be a continuing statement of the conditions of the Applicant until written notice to the contrary is received by you. I/we also hereby authorize JB II Funding Corporation to send our company correspondence via fax, email or any other electronic transmission as it deems necessary. I/We understand that by providing the fax number(s) and email address above, on behalf of the company specified above, I am authorized to and hereby consent for the Company to receive faxes sent by or on behalf of JB II Funding and its affiliates. It is understood that this Application shall remain the property of JB II Funding Corporation whether or not credit is granted and that this constitutes an application only and shall not be binding upon either JB II Funding Corporation or the applicant. By signature, I/we affirm my/our identity as the respective individual/s identified in the above Application. If this Application for business credit is denied, you have the right to a written statement of the specific reasons for denial.

PRINCIPLE #1

Name: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone #: _____

Social Security # _____

Signature: _____

Title: _____

Date: _____