



# Atlantic Leasing Group Inc.

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## CREDIT CHECK AUTHORIZATION

I/We the undersigned hereby authorize Atlantic Leasing Group or its designee ("ALG") to investigate my/our past and present business relationships, banking relationships (personal and business), our creditworthiness and to make any credit inquiries that ALG deems necessary, in connection with our application for a business lease or loan and any follow-up credit inquiries/checks that ALG may deem necessary in the future in connection with the business lease or loan.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED TO ALG IS ACCURATE. THE COMPANY, ITS OWNERS AND/OR PRINCIPALS, AND ALL INDIVIDUALS WHOSE NAMES APPEAR ON THE APPLICATION EXPRESSLY AUTHORIZE CONSUMER REPORTING AGENCIES AND OTHER PERSONS TO FURNISH CREDIT INFORMATION TO ALG, SEPARATELY OR JOINTLY WITH OTHER CREDITORS, FOR USE IN CONNECTION WITH THIS AGREEMENT. INFORMATION ABOUT YOU MAY BE USED FOR MARKETING AND ADMINISTRATIVE PURPOSES AND SHARED WITH OUR AFFILIATES. HOWEVER, YOU MAY DIRECT US NOT TO SHARE WITH OUR AFFILIATES CERTAIN INFORMATION (OTHER THAN TRANSACTION OR EXPERIENCE INFORMATION) ABOUT YOU BY WRITING TO US AT: ATLANTIC LEASING GROUP, ATTN: VICE PRESIDENT, 62 ROME AVE. PROVIDENCE R.I. 02908. (PLEASE INCLUDE YOUR SOCIAL SECURITY NUMBER).

EQUAL CREDIT OPPORTUNITY ACT: NOTICE IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL, TO OBTAIN THE STATEMENT, PLEASE CONTACT OUR CHIEF CREDIT OFFICER, 62 ROME AVE. PROVIDENCE R.I. 02908. WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF THE REASONS FOR DENIAL. WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT, THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT, THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580.

Name \_\_\_\_\_ Address \_\_\_\_\_ - social security number \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_