



First Financial

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5 Star Expertise

800.956.7313

PERSONAL CREDIT AUTHORIZATION

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes Celtic Bank and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this personal financial statement or application.

Print Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

SSN: _____

Birthdate: _____

Business Ownership % _____

Date: _____

Print Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

SSN: _____

Birthdate: _____

Business Ownership % _____

Date: _____

Print Name: _____

Address: _____

City, State, Zip: _____

Signature: _____

SSN: _____

Birthdate: _____

Business Ownership % _____

Date: _____