



Third Party Originator Application

ANTHEM CAPITAL GROUP, INC.
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BUSINESS	BUSINESS NAME			TELEPHONE () () ()			
	STREET ADDRESS			FAX () () ()			
	CITY/STATE/ZIP			COUNTY		WEBSITE	
	TYPE OF BUSINESS		BUSINESS START DATE	YRS UNDER CURRENT OWNERSHIP		FED. TAX I.D.	
	MEMBERSHIPS () NAELB () ELFA () NEFA () OTHER - PLEASE SPECIFY					E-MAIL ADDRESS	
	CONTACT NAME		CREDIT REPORTS USED () EQUIFAX () EXPERIAN () TRANS UNION		HAS COMPANY/OWNER(S) EVER DECLARED BANKRUPTCY?		
<p>By signing below, the undersigned individual, who is either a principal of the applicant or a personal guarantor of its obligations, authorizes Anthem Capital Group, Inc., its successors and/or assigns 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 application.</p>							
OWNERSHIP	<input type="radio"/> PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> C-CORP <input type="radio"/> S-CORP <input type="radio"/> NON-PROFIT <input type="radio"/> LLC					STATE OF INCORPORATION	
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE	% OF OWNERSHIP
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long? SIGNATURE:
	PRINCIPAL'S NAME		TITLE	SOCIAL SECURITY NUMBER		HOME PHONE	% OF OWNERSHIP
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	Own <input type="checkbox"/> Rent <input type="checkbox"/>	How Long? SIGNATURE:
BANK REFERENCES	BANK		BRANCH/CITY		CONTACT		TELEPHONE () () ()
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
	BANK		BRANCH/CITY		CONTACT		TELEPHONE () () ()
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
FUNDING SOURCES	COMPANY NAME		CONTACT		PHONE NO.		HOW LONG WITH? / ANNUAL FUNDING
							/
							/
							/
OTHER INFO.	TOTAL NO. OF EMPLOYEES		NO. OF SALES PEOPLE		NO. OF SUB-BROKERS		ANNUAL FUNDING \$
	ORIGINATION OF NEW LEASES AND LOANS: () % DIRECT FROM VENDORS () % FROM BROKERS () % DIRECT FROM END USERS						

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this application is true and accurate and I hereby authorize our banks, funding source references, and financial institutions the right to release credit information to Anthem Capital Group, Inc. and/or its assigns. A facsimile copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____