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## CREDIT, BANK, AND TRADE REFERENCE AUTHORIZATION AND RELEASE FORM

APPLICANT BUSINESS NAME: \_\_\_\_\_

By signing below, each of the undersigned individuals, who is either a principal of the above-named business credit applicant or a personal guarantor of its obligations represents that all information provided in connection with this Application is true and correct and hereby authorizes Lynx Point Funding to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight credit fraud, terrorism and money laundering, the information provided may be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Lynx Point Funding, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Lynx Point Funding by telephone or fax. A photocopy or fax 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 the above application. Additionally, our business, banking and trade references are hereby authorized and instructed to disclose all information requested in connection with this application for credit.

**(Each shareholder and guarantor must complete and sign once below.)**

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Owns \_\_\_\_ %

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Owns \_\_\_\_ %

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Owns \_\_\_\_ %

Name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Owns \_\_\_\_ %

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