

Credit Report Authorization

I/We authorize ECDI, Inc. to secure a personal or business credit report from the agency of choice for the purpose of processing our loan application. The undersigned, in applying for financial assistance from ECDI, Inc., recognizes that prior to receiving any financial assistance they agree to comply with all federal, state, and local laws and regulations to the extent that such are applicable.

I/We further understand that ECDI, Inc. will be obtaining personal or business credit reports on an annual basis, and we give authorization for them to do so.

I/We further acknowledge that a copy of this authorization (being a valid copy of the signature(s) of the undersigned), may be deemed to be equivalent of the original and may be used as a duplicate of the original.

Personal Authorization

Name: _____

Name: _____

Address: _____

Address: _____

Social Security No.: _____

Social Security No.: _____

Date of Birth: _____

Date of Birth: _____

Business Name: _____

EIN Number: _____

Signature

Date

Signature

Date