

Capital South Lending LLC | SBA LOANS MADE EASY!

Ph: 844.228.2491
 Fax: 888-401-5635
capitalsouthlending.com

Business Information

Business Name:	Contact:	Contact Phone:
Email:	Loan Amount:	

Company Information

Legal Business Name:	Tax I.D. Number:	
Business Operates: Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Other <input type="checkbox"/>		
If Subsidiary/Franchise, Name of Parent Company:	In Business Since:	
Business DBA #:	DUNS #:	Industry Code (NAICS):
Number of Employees:	Business Phone:	Fax:
Address:		
City:	State:	ZIP:

Personal Information

Last:	First:	Middle Initial:	Title
Date of Birth:			Social Security #
Citizenship:	City of Birth:		
Mobile #:	Own Or Rent:	How Long at your current Residence:	Mth Payment
Home Address:			
City:	State:	ZIP:	
Driver License #:	State Issued:	Expiration:	

CONSENT TO DISCLOSURE FINANCIAL AND TAX INFORMATION

FEDERAL LAW REQUIRES THIS CONSENT FORM BE PROVIDED TO YOU ("YOU" REFERS TO EACH APPLICANT, IF MORE THAN ONE). UNLESS AUTHORIZED BY LAW, WE CANNOT DISCLOSE YOUR FINANCIAL AND/OR TAX RETURN INFORMATION TO THIRD PARTIES WITHOUT YOUR CONSENT. BY USING OUR SERVICES, YOU ARE AGREEING TO THESE TERMS; IF YOU CONSENT TO THE DISCLOSURE OF YOUR FINANCIAL AND/OR TAX RETURN INFORMATION, FEDERAL LAW MAY NOT PROTECT YOUR FINANCIAL AND/OR TAX RETURN INFORMATION FROM FURTHER USE OR DISTRIBUTION. IF WE OBTAIN YOUR SIGNATURE ON THIS APPLICATION YOU AGREE TO THE DISCLOSURE OF YOUR FINANCIAL AND TAX RETURN INFORMATION. YOUR CONSENT IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

You have indicated you are interested in obtaining information on the following services and authorize us to disclose your financial and tax return information to the following recipients for the following purposes: To the Small Business Administration (SBA) and its authorized agents or affiliates for the purpose of processing an application for a loan. If you desire a loan from The SBA or its agents, affiliates or assigns, you must authorize us to disclose all of the information required by those recipients to process your application for these respective products or services.

By signing this application, I (including each of you if there is more than one applicant) authorize **Capital South Lending LLC** and its agents and/or assigns to disclose my financial and/or tax return information that is necessary for **Capital South Lending LLC** and the SBA and its agents and its assigns to process my application for their respective products and services.

I AGREE

SIGNATURE