

NOTE: For the following sections, incomplete answers may delay processing of your application for service.

D. BANK REFERENCES

Business

Individual

Checking

Savings

Loan Account # _____

Bank _____

Phone () _____

Address _____

Street

City

State

Zip Code

Bank officer in charge of account _____

Checking

Savings

Loan

Account # _____

Bank _____

Address _____

Street

City

State

Zip Code

Bank officer in charge of account _____

E. TRADE REFERENCES

Business

Individual

1). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

2). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

3). Name _____

Address _____ Phone () _____

Street

City

State

Zip Code

Account # _____ Highest Amount Owed \$ _____

Purpose of Credit _____

CLIENT'S CERTIFICATION AND AGREEMENT

I certify that the information contained in this Client Application Form is true and complete and understand that false or misleading statements may result in termination of SFO BUSINESS CENTERS, INC. services agreement. I further understand that this form is confidential except for purposes of verification by SFO BUSINESS CENTERS, INC., which I hereby authorize.

Signature _____ Date _____

CREDIT AUTHORIZATION FORM

I hereby authorize release to SFO BUSINESS CENTERS, INC. and its licensees any credit information concerning myself or my company which may be required to establish my credit. A photocopy of this authorization section may be honored.

Authorized Signature _____ Date _____

Printed/Typed Name of person signing _____

Name of business _____