



Financial Information

Business Owner Legal Name: _____

Business Owner Phone: _____ Alternate Phone: _____

Business Owner Email: _____

Business Owner Personal Residence Address:

Do you own or rent at the above residence? Own Rent

Business Owner Drivers License Number: _____ State Issued: _____

Have you (or any your business partners) ever been convicted of a felony? Yes No

Have you (or any your business partners) files bankruptcy? Yes No

If yes, date filed: _____

Business Owner Social Security Number (SSN): _____ - _____ - _____

Please list three business credit references (Include address & phone number):

1. _____

2. _____

3. _____

Authorization for Credit Investigation

I, _____,
give permission to Indianapolis City Market Corporation (ICMC) to engage an investigative consumer reporting agency to report on my credit history and to perform such other investigations of my financial credit status as ICMC shall deem necessary or desirable, in its sole discretion. I understand that if a report is requested, ICMC agrees to provide a copy of this report upon request (along with an explanation of consumer's rights) to me.

Signature

Date

Printed Name

_____-_____-_____
Social Security Number

Signature

Date

Printed Name

_____-_____-_____
Social Security Number

Signature

Date

Printed Name

_____-_____-_____
Social Security Number

*Credit Investigation Authorization required for all business partners financially involved in proposed business plan.