



CREDIT REPORT REQUEST FORM

NAME: _____

CURRENT ADDRESS: _____

CITY STATE ZIP CODE
(If less than 3 years)

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: _____

AUTHORIZATION SIGNATURE: _____

Office Use Only

REQUESTED BY: _____

AGENCY: HEDCO Inc

CONTACT NAME: _____

PHONE No: (860) 527 -1301

FAX No: (860) 727-9224

Please mail to: Capitol City Credit Company, 100 Farmington Avenue, Hartford, CT 06107. Phone No. (860) 236-0641 Fax No. (860) 231-9175



HEDCO INC

Certification

The undersigned certifies the following:

I/We have applied for HEDCO INC, Inc.

In applying for the loan:

1. I/We completed a loan application containing various information's on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that HEDCO INC, reserves the right to change the Loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. It is hereby represented by the undersigned as an inducement to HEDCO INC, to approve the Loan requested herein, that to the best of my knowledge and belief no information or data contained in the application or in the attachments are in any way false or incorrect and that no material information has been omitted, including the Financial Statements. The undersigned agrees that Banks, Credit Agencies and References are hereby authorized now, or anytime in the future, to give to HEDCO INC, any and all information in connection with matters referred in this application. In addition, the undersigned agrees that the funds provided pursuant to this application will be utilized exclusively for the purposes represented in this application, as may be amended.
4. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provision of Title 18, United States Code, Section 1014.

Signature: _____ Date: _____

Print Name: _____ Social Security # _____

Date of Birth: _____

Address: _____

Business Name: _____

Business Address: _____