



203-20 Rocky Hill Road, Bayside, New York 11361  
Tel: 718-225-2000 Fax: 718-281-2356

Date: \_\_\_\_\_

I (we) hereby authorize you Lexington Capital Corporation, located at 203-20 Rocky Hill Road, Bayside, New York 11361, or any other assignee, to make whatever credit inquiries it may deem necessary in connection with this application. Lexington Capital Corporation or any other assignee may obtain information from my (our) employer(s), or mortgage company.

You, Lexington Capital Corporation or any other assignee may request a credit report on me (us) and if I (we) ask, will tell me whether a credit report was requested and the name and address of the consumer reporting agency that was requested and you, Lexington Capital Corporation or any other assignee updates, renews, or extends my (our) line of credit, any of you may request a new credit report without advising me (us). If the credit is denied, I (we) have the right to request and receive a statement of the reason(s) for denial of credit.

I (we) acknowledge receipt of a copy of this application.

\_\_\_\_\_

Name

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Social Security Number

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Name

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Social Security Number

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Name

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Social Security Number

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