



## Credit Authorization

**Attention : Tony Sherwin**

44489 Town Center Way, Suite D401  
 Palm Desert, California 92260  
[www.magellancappartners.com](http://www.magellancappartners.com)  
[tony@magellancappartners.com](mailto:tony@magellancappartners.com)

877-505-3670 Toll Free  
 760-496-7063 Facsimile

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to Magellan Capital Partners, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application. I Consent to receive phone, email or fax updates and information from Magellan Capital Partners or its nominees.

**Applicant:**

Company Name:			
Print Name:			
Signed:		Date:	
Title:		Social Security #:	- -

Company Name:			
Print Name:			
Signed:		Date:	
Title:		Social Security #:	- -

Note: Use full legal name(s). Signature(s) must be only those duly authorized corporate officer, partner or proprietor, with title indicated.

This authorization also permits Magellan Capital Partners to obtain personal bank checking and/or loan account ratings if provided by applicant.