

RDC INFORMATION SHEET AND APPLICATION FORM

RDC ORIGATION WILL NOT BE CONSIDERED UNLESS PROPER COMPLETION OF THIS FORM IS PROVIDED. DATE: _____

COMPANY INFORMATION

Company Name: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Originator ID# _____

(This number will be assigned by the financial institution)

Under Present Management since: _____

Customer of Financial Institution since: _____

Number of Years in Business: _____

Principal Owners and/or Officers:

Name

Title

Type of Business

Description of Business Products and/or Services: _____

Certification of Information We certify that the information given is true and complete and is submitted for the purpose of obtaining RDC Service. We authorize you to obtain information regarding our business or principle owners that you may require.

Company: _____ Signature: _____

PBS Approving Officer: _____ Date: _____