



## **AGENT REGISTRATION FORM**

<b>SUB-AGENT INFORMATION</b>	
Agent/ISO Office:	Phone #:
Sub-Agent Name:	Email Address:
Street Address:	Date of Birth:
City, State, ZIP	Social Security Number:

### **ACKNOWLEDGEMENT, RELEASE AND AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION**

AS A SALES AGENT APPLYING FOR REGISTRATION UNDER Finical, Inc. AND ITS BANKING PARTNERS, I HEREBY CONFIRM THAT THE INFORMATION PROVIDED IN THE ATTACHED REGISTRATION FORM IS ACCURATE AND COMPLETE. AN INVESTIGATIVE AND/OR CONSUMER REPORT MAY BE MADE IN CONNECTION WITH THIS APPLICATION. I AUTHORIZE Finical, Inc., OR ANY OF ITS PARTNERS TO INVESTIGATE THE REFERENCES PROVIDED, INDIVIDUAL CREDIT OR ANY OTHER STATEMENTS OR DATA OBTAINED FROM ANY OF THE UNDERSIGNED. YOU HAVE THE RIGHT, UPON WRITTEN REQUEST, TO A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. I HEREBY AGREE TO RELEASE FINICAL, INC, ITS PARTNERS, ITS EMPLOYEES, AGENTS AND ANY AND ALL PERSONS AND ENTITIES, WHETHER PUBLIC OR PRIVATE, HARMLESS FROM ANY LIABILITY, CLAIMS AND/OR DEMANDS, OF WHATEVER KIND ARISING FROM OR RELATED TO THE INQUIRY OR DISCLOSURE OF CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS.

PRINT NAME:	
SIGNATURE:	
DATE:	

### **FOR OFFICE USE ONLY**

Date Received	Date Entered	Keyed By	System Updated	Filed
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