

EACH INDIVIDUAL OWNING 20% OR MORE OF THE BORROWER MUST SUBMIT HIS/HER OWN FORM. When complete please email to team@builderfinance.com OR fax to 605.988.5111 OR mail to Korey Kraayenbrink c/o Builder Finance Inc.; 101 S Reid St, #203, Sioux Falls, SD 57103.

CREDIT & BACKGROUND CHECK

The questions below pertain to you, any entity of which you have been an officer, and any entity of which you have held 20% or greater ownership.

	NO (If yes, please explain below)
2. Currently	r involved in any disputes, lawsuits, judgments, liens, or surety claims? NO (If yes, please explain below)
B. Have be	en convicted of a felony or of an indictable crime.
YES	NO (If yes, please explain below)
4. In the po of such o YES	
5. In the po	st 10 years, been involved in litigation with or been subject to a judgment from a bank, lender, or other financial institution.
	st 10 years, had a foreclosure or a deed-in-lieu.
<mark>6</mark> . In the po	
6. In the po	NO (If yes, please explain below)

complete. The undersigned hereby authorizes Builder Finance Inc., or any affiliate, subsidiary, or other entity related thereto ("Lender") to conduct personal due diligence on the undersigned, including obtaining a copy of his/her consumer report, in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender to a commercial entity of which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lender's credit review and audit procedures, and (c) related to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

* * NOTICE * * If this form is not accurate because something was left out, YOUR APPLICATION(S) WILL BE DECLINED. When in doubt, include anything that might be applicable.						
Signature:						
Name:						
Date:						
Physical Address:						
City:		State:	Zip:			
Social Security Number:						
Date of Birth:						
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