Please tell us who							
	at prompted you to	contact Herit	tage?				
PERSONAL INFO	RMATION						
Name				Heritage	Customer # (if ki	nown)	
Home Address (No	PO Boxes)						
City			State/Prov	vince	PostalCode_		Country
Home Telephone:	Country Code	City (Code	Number			
Fax:	Country Code	City (Code	Number			
Email:		Wel	bsite				
EMPLOYMENT IN	IFORMATION						
	<u> </u>				Position		
Address (No PO B	oxes)						
City			State/Prov	vince	PostalCode		Country
Self-employed Ye	es No Type of Bus	siness		· · · · · · · · · · · · · · · · · · · 	Corp		r Partnership
Home Telephone:	Country Code	City (Code	Number			
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Annual Income US BANK REFER Bank Address	<u>ENCE</u>			Acct #		(pers	sonal or business Zip
US BANK REFER Bank Address	<u>ENCE</u>			Acct # City		State	sonal or business Zip
US BANK REFER Bank Address Telephone (DEALER REFERE Please list three d Company Address	ENCES ealers or auction co	Fax (mpanies with)h which you h	City	_ Contact Personase or bidding h Telephone _ _ PostalCode_	State on nistory.	Zip
US BANK REFER Bank Address Telephone (DEALER REFERE Please list three d Company Address Contact Person	ENCES ealers or auction co	Fax (mpanies with)h which you h	City	_ Contact Personase or bidding h _ Telephone _ _ PostalCode _ Recent High C	State on nistory. Credit	Zip
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HERITAGE INTERNATIONAL PERSONAL APPLICATION
Return Via Fax: 1.214.409-2402 or Email CreditLines.com

The parties agree that all disputes in any way relating to, arising under, connected with, or incident to this credit application or any extension of credit granted by Heritage Capital Corporation, its subsidiaries and affiliates, ["Credit"], shall be litigated, if at all, exclusively in the applicable State or Federal Courts of Dallas County, Texas. The parties also agree that Texas law exclusively shall govern all terms of the "Credit", including this paragraph. The parties expressly submit themselves to the personal jurisdiction of the State of Texas. (revised: 5/28/2014)

Date

Signature

HERITAGE CAPITAL CORPORATION

3500 Maple Avenue, 17th Floor, Dallas TX 75219-3941 Reply via Fax: 214 409-2402 or Email CreditLines@HA.com

AUTHORIZATION FOR RELEASE OF BANK INFORMATION

Dear Applicant: This form is part of our investigation procedure. Please forward to the bank holding your account(s). All such information shall be kept in the strictest confidence. Please complete the sections above the dotted line.

Name on Account				(personal or business)		
Account Address		City		StateZip		
Authorized Signature(s)			Date:			
Print Name and Title		Acct #(s)				
Bank Name		Telephone ()				
Bank Address		City		_ StateZip		
	BANK	RATING INFORMATION				
				Reply via Fax: 214 409-2402		
you for your assistance.				y, orver, Credit Manager 72-6467, ext 1248		
Depository Accounts: #						
Date Opened: High Balance:	_ Average bal	ances:	if closed, Yes No	when?		
Experience and comments:						
Loan Arrangements:						
Unsecured	<u>High</u>	<u>Present</u>	Loan Experient Satisfactory	<u>ce</u>		
Secured			Unsatisfactory			
Mortgage			Remarks :			
Installment						
Line of Credit						

Verified By_				
	Name	Title	Date	