

FORM S1 SPONSOR - CREDIT AUTHORIZATION & CERTIFICATION

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.; 5929 S. Mogen Avenue; Sioux Falls, SD 57108.

CREDIT & BACKGR	OUND CHECK		
The questions below or greater ownersh		ou have been an	officer, and any entity of which you have held 20%
1. Ever failed to compl	ete a construction contract or failed in a cons	struction related busin	ness?
YES	O (If yes, please explain below)		
2. Currently involved in	n any disputes, lawsuits, judgments, liens, or s	surety claims?	
YES	O (If yes, please explain below)		
	ed of a felony or of an indictable crime.		
YES N	O (If yes, please explain below)		
4. In the past 10 years of such case.	, filed a voluntary petition for bankruptcy or v	was the subject of an	involuntary petition for bankruptcy, regardless of the disposition
YES N	O (If yes, please explain below)		
	, been involved in litigation with or been subj O (If yes, please explain below)	ect to a judgment fro	m a bank, lender, or other financial institution.
	s, had a foreclosure or a deed-in-lieu.		
TES N	IO (If yes, please explain below)		
complete. The undersigned h the undersigned, including of loan or other product or serv according to the Lender's cre	ereby authorizes Builder Finance Inc., or any affilic otaining a copy of his/her consumer report, in the f ice offered by Lender to a commercial entity of whi	ate, subsidiary, or other following circumstances ich the undersigned is c Lender's review or coll	or information submitted in connection with this is true, accurate and entity related thereto ("Lender") to conduct personal due diligence on s: (a) relating to the opening of an account or upon application for a principal, member, guarantor or other party, (b) thereafter, periodically ection of a loan, account, or other Lender product or service made or party.
NOTICE	If this form is not accurate because so When in doubt, include	mething was left anything that m	out, YOUR APPLICATION(S) WILL BE DECLINED. ight be applicable.
Signature:	John A Sample		
Name:			
Date:			
Physical Address:			
City:		State:	Zip:
,		Jiule.	Διμ.
Social Security Number:			
Date of Birth:			

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