



INSTRUCTIONS

1. If you are enrolled with Service Finance Company, please enter your 4 digit provider number: _ _ _ _ and sign below authorizing American General to electronically transfer your declined applications for a "second look" to Service Finance Company, LLC.

X _____
Authorized Signature Company Name
Contact Number: () _ _ _ - _ _ _ _

2. If you are NOT enrolled with Service Finance Company - Please complete the enrollment below:

A. BUSINESS INFORMATION

Business Name:	Federal Tax ID:
Address (Street, City, State Zip):	
Bus. Phone: ()	Fax: ()
Yrs. In Practice	
Email Address:	Contact Name:

B. PRINCIPAL INFORMATION

Name:	Title:	Social Security Number:
Home Address (Street, City, State, Zip):		Home Telephone Number:

C. BUSINESS BANKING INFORMATION:

Bank Name:	Bank Transit Number (See Image Below):
Contact Name: Phone: ()	Bank Account Number (See Image Below) No personal accts:

ABC COMPANY 777 ANY STREET ANY TOWN USA 54321	Date _____ 2002
Pay to the Order of _____ \$ <input type="text"/>	
ANY BANK NAME	
For _____	
'002002 '1	:123456789 : 0123456789 '1



This Provider enrollment is submitted to obtain credit approval privileges on behalf of the person listed in Section B on the page hereof ("enrollment") ("applicant") and I/we (hereinafter the individuals signing below are referred as "I" or "my" or "me") certify that I have read the above provisions and all information provided herein is true and correct. I have the power and authority to execute and deliver this enrollment and to enter into and consummate the Provider agreement on behalf of the applicant, and I have been duly authorized to bind the applicant, by my signature below, to all terms and conditions of the Provider agreement. The number shown on this form is the correct taxpayer identification number for the entity. I acknowledge that the enrollment is subject to approval by SFC, LLC.

By signing below, I authorize and/or confirm as follows:

- (i) I authorize Service Finance Company (SFC) or its agents, to retain possession of the enrollment, to rely on the information and statements herein to check and verify both my credit and the credit history of the business and any of its other principals, officers, partners, or directors, to secure follow up credit reports, and to exchange information about the entity and this account with creditors, credit bureaus, and other proper persons;
- (ii) By submitting this enrollment, Provider agrees that SFC may share any and all Provider information provided or obtained in connection with this enrollment, including subsequent Provider financial information provided to, or obtained by SFC and may use such information for all purposes in connection with the evaluation and administration of any credit facility requested by or provided to Provider.
- (iii) I authorize the applicant's bank and any other listed references to release and/or verify information to SFC at any time;
- (iv) I authorize and permit SFC to send email and/or fax communications to the applicant to the email addresses and fax numbers listed or to any addresses provided in the future regarding our credit financing relationship or other matters; and
- (v) I certify, represent, and acknowledge that the applicant has agreed to abide by all terms and conditions of the Provider agreement, including the ACH authorization contained therein, and that if and when SFC approves this enrollment, upon receipt of notice of such approval, the applicant will, without further action, be bound to all of the terms and conditions of the Provider agreement and any operating guidelines which shall be issued by SFC from time to time.
- (vi) I certify, represent and warrant that this enrollment has been duly executed and delivered by me on behalf of the applicant, and that the execution and delivery of this enrollment and the consummation of the transactions contemplated by the Provider enrollment have been authorized by all necessary corporate action and do not and will not conflict with the organizational documents of the applicant.
- (vii) By signing below, you are authorizing American General Financial Services to electronically transmit your declined credit applications to Service Finance Company, LLC for a second look.

By: X _____
Authorized Signature

Date

Please Fax to: 1-866-257-8122
Questions 1-866-254-0497
Visit www.svcfin.com