

Union Capital Finance Corporation
2 Kings Court
Little Rock, AR 72211
(501) 224-9050 fax (501) 224-9048
www.unioncapitalfinance.net

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application for credit is denied. To obtain the statement, please contact Union Capital Finance Corporation at 2 Kings Court, Little Rock, AR 72211 within sixty (60) days from the date of notification of the credit denial. Union Capital Finance Corporation will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

Applicant _____

Date _____

**Please sign above and return this form to us with your application materials.
Retain a copy for your files.**