



Authorization to Release Information

I/We hereby authorize the release to Alliance Business Capital, its successors or assigns, all information that may be required for the purpose of a credit transaction. I/We further authorize Alliance Business Capital, its successors or assigns, the right to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

NAME: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____