

HERITAGE CAPITAL ASSOCIATES, INC.

INFORMATION AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize Heritage Capital Associates, Inc. to verify any information necessary in connection with the application being filed by the undersigned for the purpose of obtaining financing through Heritage Capital Associates, Inc. on my/our behalf including but not limited to the following:

1. Credit History Information;
2. Income Information;
3. Employment/Unemployment Information;
4. Bank Account(s) Information;
5. Asset Account(s) Information;
6. Mortgage/Rental History Information.

Authorization is further granted to Heritage Capital Associates, Inc. to use a copy of my/our signatures below to obtain information regarding any of the aforementioned items. This Authorization will expire ninety (90) days from the date of signature.

Applicant's Name

Date

Applicant's Signature

Social Security Number

Applicant's Name

Date

Applicant's Signature

Social Security Number

Applicant's Street Address

City, State, Zip Code