



Authorization Form

This Authorization Form (the "Form") is made and entered into by the parties defined below and is effective as of _____ (the "Effective Date").

_____ its successors and/or assignees, and its affiliate below with its respective principal address at _____ (the "Undersigned") on one hand, and

Park 49 Inc. its successors and/or its assignees, and its affiliate below, with its principal address at 12 E 49th Street 11th Floor, New York, NY 10017 ("Park 49") on the other hand.

Whereas, the Undersigned authorizes Park 49 to release any information to third parties such as but not limited to; Prospective Partner(s), Capital Provider, Legal Counsel, Accounting Firm, Credit Reporting Agency, Appraisal Company, Title Agency and any Regulatory Agency, which Park 49 has deemed necessary in order to properly, conduct its business with reference to the Undersigned's request. This Form may be reproduce to acquire reference from more than one source.

Furthermore

- (1) To all consumer-reporting agencies and to all creditors and depositories of the Undersigned: Please be advised that the Undersigned, and each of them, has made a request to Park 49 for an extension of credit. Therefore, the Undersigned, and each of them, hereby authorizes you to provide a credit report and/or disclose information to Park 49 or any affiliated third party with relation to the Undersigned's request. The Undersigned also authorizes you to disclose your deposit or credit experiences with the Undersigned to Park 49 or to third parties affiliated with this request.
- (2) In addition, the Undersigned, and each of them, hereby authorizes Park 49 to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the Undersigned.
- (3) A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the Undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

* * * *

(This Space Intentionally Left Blank)

Acknowledgment

By executing this Form, the Undersigned represents they have reviewed its contents and fully understand and agree to its language. This Form may be executed in any number of counterparts, all of whom taken together shall constitute one single agreement among the parties hereto.

Agreed & Accepted

Name	
Signature	
Address	
EIN / SSN	

Name	
Signature	
Address	
EIN / SSN	

Please complete this interactive form on your device or browser, download to your system and email it to newdeals@park49.com along with supporting documents for a quick response.