

AUTHORIZATION TO RELEASE & COLLECT INFORMATION

**PURCHASE AREA DEVELOPMENT DISTRICT (PADD)
1002 Medical Drive
Mayfield, KY 42066**

I/We _____
do authorize the Purchase Area Development District to access and review information regarding my/our credit history, financial ability, and the proposed projects financial information. I/We understand the information will be used for verification of the loan guarantee/grant application for small business financial assistance.

By signing this release, I/We also authorize PADD to discuss my/our credit history, financial ability, and the renewable energy / energy efficiency improvements project with those necessary for the purpose of evaluating the loan guarantee/grant application.

Please enter the financiers of your project and (if available) their contact information:

Creditor	Contact Person	Address, Phone, etc.

Furthermore, I/we hereby authorize the Purchase Area Development District to obtain a DUNS number for my/our business and register that number with state and federal government.

DUNS Number exists already: Yes No If yes, DUNS #: _____

Legal Name _____

Headquarters name and address for your organization _____

Doing business as (dba) or other name by which your organization is commonly recognized _____

Physical address _____

Mailing address (if separate from headquarters and/or physical address) _____

Telephone number

Email-Address

Contact name and title

Number of employees at your
physical location

My/Our signature(s) below authorize(s) such investigations/actions by the Purchase Area
Development District.

Applicant

Social Security Number

Applicant

Social Security Number