

# 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 and the proposed project. I/We understand the information will be used for verification of the credit application for small business financial assistance. I/We have been properly notified that the PADD will verify all statements through recognized credit reporting agencies and/or other sources contained in the application.

By signing this release, I/We also authorize PADD to discuss my/our past credit history and the proposed project with those necessary for the purpose of evaluating the loan application. **In addition, I/we authorize the PADD to pull a credit report from any consumer reporting agency.** I/We also acknowledge that, in case of an approved loan application, if I/we default on the loan to PADD, this information will be given to credit reporting agencies. Please enter your main creditors and (if available) their contact information:

Creditor / Others	Contact Person	Address, Phone, etc.

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

Applicant	Social Security Number
Applicant	Social Security Number
Applicant	Social Security Number