



# Middlesex County Revitalization Commission

## AUTHORIZATION TO OBTAIN CREDIT HISTORY AND WAIVER

The undersigned acknowledges that it has made application to the loan program of the Middlesex County Revitalization Commission ("Loan Program"). In connection with its application to the Loan Program, the undersigned authorizes the Middlesex County Revitalization Commission (MCRC) to release the undersigned's name, address, date of birth and social security number to Community Investment Corporation (CIC) for the purposes of obtaining a personal credit history of all individuals signing below. The undersigned further authorizes CIC to obtain credit histories and provide same to MCRC for use in evaluating the undersigned's credit worthiness under the Loan Program.

The undersigned also authorizes MCRC to copy, deliver and otherwise disclose certain financial information to lenders identified as potential participants with MCRC in putting together a financing package that would include a loan from the Loan Program. The financial information disclosed may include, but is not limited to: the MCRC loan application; business and personal federal income tax returns; business and personal financial statements; aging of accounts receivable & payable; and your business plan and projections.

In consideration of MCRC assisting the undersigned in obtaining financing, the undersigned individually and on behalf of the business, hereby waives any and all current and future claims or causes of action whatsoever against MCRC and/or the Middlesex County Chamber of Commerce and or CIC, their respective directors, officers, employees, agents, contractors and volunteers arising from any advice, service or other assistance provided to the undersigned (or in the case of CIC, services provided to MCRC), their employees and/or agents in connection with the undersigned's pursuit of financing through MCRC and/or the Middlesex County Chamber of Commerce.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Your Home Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature