

Authorization to Release Information

The undersigned hereby authorizes Evolve Bank & Trust ("Evolve") to make inquiries it deems necessary to verify the accuracy of the information provided herein to determine my/our credit worthiness.

The undersigned hereby authorizes and releases to Evolve any and all information which is required at any time and for any purpose related to my/our credit application/transaction.

Applicant certifies under penalty of perjury and applicable state and federal laws that the application and all supporting documentation Applicant has provided is true and correct and that the signature(s) placed below are the signature(s) that Applicant commonly uses in all of Applicant's business transactions.

Please complete both sections if applicable

1. ALL OWNERS OF 20% OR MORE OF THE BUSINESS AND ANY GUARANTORS MUST ALL SIGN INDIVIDUALLY BELOW			
First Name	Last Name	Social Security Number	Date of Birth
Address		Telephone Number	
Signature			Date
First Name	Last Name	Social Security Number	Date of Birth
Address		Telephone Number	
Signature			Date
	2. AN AUTHORIZE	ED COMPANY OFFICIAL MUST SIGN HERE	
Company Name		Company EIN/Tax ID	
Ву:			
Its:			
Printed or Typed Na	me:		