

SIMPLICITY FUNDING & HOLDING, LLC

2601 N. 22ND STREET • TAMPA, FLORIDA 33605 • 813.248.3400

Authorization to Release Information

Authorization is hereby granted to Simplicity Funding & Holding, LLC and Market Tampa Investments, LLC to obtain a consumer credit report through a credit reporting agency. I understand and agree that Simplicity Funding & Holding, LLC and Market Tampa Investments, LLC intend to use the consumer credit report for the consideration of a possible future credit transaction involving the consumer on whom the information is to be furnished and involving the extension of credit to, or review or collection of an account of, the consumer; and/or intends to use the information, as a potential investor or servicer, or current insurer, in connection with a valuation of, or an assessment of the credit or prepayment risks associated with, an existing credit obligation. I understand that all use of my credit report will be in compliance with the Fair Credit Reporting Act (FCRA) and that there is a legitimate business need for the information in connection with a business transaction that is initiated by the consumer; or to review an account to determine whether the consumer continues to meet the terms of the account.

My signature below authorizes the release of financial information which I have supplied to Simplicity Funding & Holding, LLC and Market Tampa Investments, LLC for its consideration of a possible future credit transaction between myself/ourselves and Simplicity Funding & Holding, LLC and Market Tampa Investments, LLC. Such information may include, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns. Authorization is further granted to the credit reporting agency to use a photo static reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

Client A Name (Print)

Client B Name (Print)

Client A Signature

Client B Signature

Client A Social Security Number

Client B Social Security Number

Date

Date

Address (Print)

City, State, Zip (Print)