

AUTHORIZATION TO RELEASE INFORMATION

Authorization Dated: _____

Tenant:

Name: _____

Address: _____

Phone: _____

Social Security #: _____

Date of Birth: _____

Driver's License #: _____ State Of Issue: _____ Expiration: _____

Landlord:

Name: IP Investments, LLC

Address: PO Box 1882, Fletcher, NC 28732

Phone: (828) 650-9783 Fax: (828) 398-0791

Property:

Address: _____

Legal Description: _____

I/We, _____, being the tenant of the above described property do hereby authorize and grant permission to Robert Ricchetti & Kimberly Croteau, or any of their agents, of IP Investments, LLC being the landlord of the above described property, to contact our employers, creditors, references or any other agency for the purpose of gathering the necessary information concerning the successful performance of our option to purchase on any described property.

Tenant/Optionee Signature

Printed Name

Date

Tenant/Optionee Signature

Printed Name

Date