

BUSINESS RESOURCE CONSULTANTS, INC.

15 West 28th Street, 7th Floor
New York, NY 10001
(646) 290-9023 Phone
(646) 383-8859 Fax

CERTIFICATION, AUTHORIZATION & CONSULTING FEE AGREEMENT

I/We ACKNOWLEDGE, that **BUSINESS RESOURCE CONSULTANTS, INC.** (hereinafter referred to as Consultant), a consulting firm, will structure, process and arrange for financial placement on my/our behalf.

Whereas, Consultant has been authorized by me/us to secure for me/us financing in various forms to include loans, lines of credit and business credit cards. Further, it is understood that I/we wish to establish an ongoing funding relation with Consultant's sources. Both Consultant and I agree to the following:

The financing will be in the name of the business and/or individual borrower listed below. Consultant is commissioned by me/us, the Borrower, not the lender. Consultant's services may range from introduction of me/us to Consultant's sources to Consultant fully underwriting the loan request. The Consultant fee stated herein is earned when a loan closing occurs without regard to the actual time or specific tasks performed by the Consultant. Should Consultant's funding sources close a loan transaction with me/us as a result of any services provided by Consultant hereunder in connection with such transaction, I/we hereby agree to pay Consultant a fee amount equal to five percent (5%) of the total amount approved and accepted by me/us. I/We understand this fee is to consult on where to obtain and apply for financing on my/our behalf.

I/We AGREE to pay Consultant a consulting fee of 5% (five percent) within 48 HOURS of obtaining funds from each loan/line of credit/credit card. IF FEE IS NOT RECEIVED BY CONSULTANT WITHIN 48 HOURS, I AUTHORIZE CONSULTANT TO DEDUCT 5% consulting fee (PLUS any late fees) from my/our business and/or personal checking account and/or credit card. I/W e agree to pay Consultant a daily late fee of \$200.00 if the consulting fee is not paid within 48 hours. If payment is returned for insufficient funds, there is an NSF fee of \$50 plus additional late fees. I understand that writing a check returned for insufficient funds to a New York based company is a felony and I will be prosecuted to the full extent of the law.

I agree to treat all information received as confidential and not to circumvent Consultant during the term of this Agreement. Consultant shall be entitled to reasonable attorney's fees if the services of an attorney are required to collect any such Fees under this Agreement, which are due and payable and remain unpaid. This Agreement is enforceable under New York law.

CERTIFICATION-The undersigned hereby certified the following: I/We completed an application containing a variety of information and certifies all information to be true. I/We further hold Consultant harmless of any misrepresentation pertaining to my application. I/We understand Consultant is acting on my/our behalf as my/our consultant and acknowledges all disclosures required by law are to be provided by the lender, federally insured bank or financing entity, not Consultant.

AUTHORIZATION-To Whom It May Concern: I/We am/are applying for financing. As a part of this application process, I/We authorize Consultant to act on my/our behalf when applying, verifying or accessing my/our personal or business credit information, electronic or otherwise, and/or to provide information for financing.

1. It is understood I/We may be required to speak directly to the lender(s) and follow the instructions of their loan procurers
2. I/We understand that one or more loans/lines of credit/credit cards from several lenders may be obtained to secure the amount I/We have requested
3. I/We agree to call and/or fax Consultant with all approvals and denials from all lenders at (646) 290-9023 phone, (646) 383-8859 fax

The term of this Agreement shall be for one year from the date of execution.

I/We UNDERSTAND and AGREE to all terms per the above agreement and ACKNOWLEDGE that a faxed copy of this agreement may be accepted as original.

Business Name _____

Signature _____

Print Name _____

Date _____