City of Fontana's Empowerment Revolving Loan Fund Program
Administered by AmPac Tri-State CDC, Inc. dba AmPac Business Capital
Advertising/Marketing Release Form
[Borrower's Legal Name]- [Loan Product] Loan #[Loan Number]

Date: [Date]

Borrower's Name: [Borrower's Legal Name]

Business Address: [Business Address]

In addition to that information which is available via public record, such as loan amount and the name of the Borrower and the Business, this Release authorizes AmPac Tri-State CDC, Inc. dba AmPac Business Capital to use the names and pictures of the business principals, pictures of the business and any testimonials given by the undersigned ("Borrower Information").

By signing below, the undersigned acknowledges that AmPac Tri-State CDC, Inc. dba AmPac Business Capital is relying on this Advertising/Marketing Release in preparing and using press releases, advertising, and marketing materials.

Please acknowledge your agreement and consent to the foregoing by executing this Advertising/Marketing Release Form. Thank you for your support of AmPac Tri-State CDC, Inc. dba AmPac Business Capital.

The Borrower hereby agrees and consents to the above listed terms and conditions ☐

The Borrower hereby opts of the above listed terms and conditions ☐

Borrower:
[Borrower's Legal Name]

_____
[Signer(s) Legal Name(s), and Title(s)]