



Authorization for Reference Check

Please provide at least six of the references listed below.

TRADE REFERENCES

	Name	Phone #	Fax#	Account #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

PERSONAL REFERENCES

	Name	Phone #	Relationship to You
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BUSINESS ASSISTANCE PROVIDERS

	Name of Professional	Organization	Phone #
CDC:	_____	_____	_____
SBDC:	_____	_____	_____
Consultant:	_____	_____	_____
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Other:	_____	_____	_____

In conjunction with my business loan application with the Western Massachusetts Enterprise Fund, Inc. (WMEF), I authorize WMEF staff to contact the businesses and individuals listed above and I authorize the above contacts to provide relevant information to WMEF.

Applicant Signature _____
Date

Name: _____

Title: _____

Business Name: _____

Return to WMEF, 4 Open Square Way, Suite 407, Holyoke, MA 01040