



CLIENT ACCEPTANCE DUE DILIGENCE APPROVAL FORM  
BACKGROUND & CREDIT CHECK AUTHORIZATION FORM

In connection with the placement agent agreement between your Company and Young America Capital, LLC, you understand that investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims, and other sources as needed.

These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any appropriate party or agency contacted by Young America Capital, LLC to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at a later date during your employment (or contract). You also agree that a fax, scanned copy, or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request upon proper payment of YAC fees incurred, to request a copy of the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Young America Capital, LLC or its assigned research vendor with any and all background information in their possession regarding you, in order that your qualifications for investment may be evaluated.

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Print your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ License Number: \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Other or Former Names: \_\_\_\_\_

Professional License(s): \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

**\*Please email a clear copy of a valid government issued ID (Driver License or Passport etc.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_