

COMPLETE, PRINT, SIGN and RETURN this enrollment form to your City National banking office by fax at (213) 673-9811 or by mail to:

City National Bank
c/o Asset Based Lending
Attn: Collateral Review Unit
555 South Flower Street, 16th Floor
Los Angeles, CA 90071

Borrower Information

| | |
|-------------------|--------------------------------------|
| Borrower's Name: | Tax ID Number: |
| Street Address: | Business Telephone Number: () - |
| City, State, Zip: | Alternate Telephone Number: () - |
| E-mail Address: | Fax Telephone Number () - |

Service Description

| | |
|--|--|
| FULL ACCESS LEVEL 100 | |
| <ul style="list-style-type: none"> Borrowing Base History Borrowing Base Posting Ineligible Reports Ineligible History Interest Statement (Available Only after the End of the Month) Loan Ledger Report | <ul style="list-style-type: none"> Loan Status Report Upload Files Upload History Change Password City National Bank Message Board. |
| REPORT ACCESS LEVEL 200 | |
| <ul style="list-style-type: none"> Borrowing Base History Ineligible History Interest Statement (Available Only after the End of the Month) | <ul style="list-style-type: none"> Loan Ledger Report Upload History City National Bank Message Board |
| CLERICAL ACCESS LEVEL 300 | |
| <ul style="list-style-type: none"> Borrowing Base Posting Ineligible Reports | <ul style="list-style-type: none"> Upload Files City National Bank Message Board |

Authorization and Agreement

Each person whose name is listed below is hereby authorized and empowered to transact any and all business with City National Bank which the below listed person could in any way transact and is further authorized to execute, acknowledge and/or deliver electronically on behalf of the above listed Borrower in the name of the Borrower any and all assignments, documents, instruments and agreements which he or she may deem necessary or convenient in the transaction of such business with the Borrower.

| Name | Title | System Access Level | | |
|-------|-------|--------------------------|--------------------------|--------------------------|
| | | Full | Report | Clerical |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|------------------------------------|---------------------------|
| Authorized Signer's Name | Authorized Signer's Title |
| X Authorized Signer's Signature | Date: |

FOR BANK INTERNAL USE ONLY

| | | | |
|--|---------------------------------|------------------------|---------------------|
| The following was used to verify the client: | | | |
| <input type="checkbox"/> Signature Authorization | <input type="checkbox"/> Other: | Officer's Printed Name | Officer's Signature |