

**CREDIT AUTHORIZATION**

My/Our lender has requested a report of my/our past and credit information for the purpose of granting a Home Loan. For this reason, I/We hereby authorize release to CAPITAL LENDING NETWORK, INC. all pertinent and credit information in my/our file. You may accept a copy of this authorization in lieu of the original. I/We hereby give my/our consent to CAPITAL LENDING NETWORK, INC. to obtain information relative to employment, checking and savings balances, mortgage information and related matters of credit and Title.

**BORROWER:**

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Print Last Name	First	M.I.	D.O.B.	Age
<hr/>				
Signature	Social Security No.			Date
<hr/>				
Employer	Years on this job?			

**CO-BORROWER:**

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Print Last Name	First	M.I.	D.O.B.	Age
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Signature	Social Security No.			Date
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Employer	Years on this job?			

**Current Address:**

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Street Number	City	State	ZIP
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Years at this address:	If less than 2 years, please provide Loan Officer with former address.		

**Email:**

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