



The Mortgage Capital Group 982 Montauk Highway, Suite 3 Bayport, New York 11705

> Office: 631-363-3720 Fax: 631-363-6426

CREDIT INFORMATION DISCLOSURE AUTHORIZATION

I/We hereby authorize you to release to a credit reporting agency, for verification purposes, information concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and savings account records, etc.
- Mortgage loan rating (open date, high credit, payment amount, due date, loan
- balance, payment record, etc.)
- Any other information deemed necessary in connection with a consumer credit report for real estate transaction

Thank you.		
Print Name:		Date:
Signature:	Social Security:	
Print Name:		Date:
	This report is for the confidential use of a mortgage lender in compiling a mortgage loan credit report.	

A photographic copy of this authorization (being a photographic copy of signature (s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.