



# Continental Finance Capital Corporation

## AUTHORIZATION TO RELEASE INFORMATION

The undersigned applicant(s) has applied for a real estate or business loan with Continental Finance Capital Corporation (CFCC) and/or its assigns ("Lender"). I/We hereby authorize CFCC and/or its assigns to make any credit inquiries that Lender may deem necessary in connection with our application for said loan, and you are hereby requested and authorized to release any information required.

This authorization applies to inquiries regarding employment history, bank accounts, credit, credit history and follow-up credit inquiries that Lender may deem necessary, in connection with the processing, underwriting, administering or servicing of our loan. This authorization also includes income tax returns, checking accounts, payment history of any type or nature, insurance information and rental payment.

Necessary credit information also includes but is not limited to personal or business credit reports, balances of savings deposits, checking accounts, business or consumer mortgage loans and business or consumer loans, plus account and loan payment history. In addition, if Lender is verifying my current or past employment, you are requested and authorized to release employment and pay data which may include my date of employment, current position or position held, probability of continued employment or reason for leaving, current or last pay and pay history and average hours worked.

A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
**Borrower's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Borrower's Name Typed or Printed

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Primary Residence) Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
**Co -Borrower's Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Co-Borrower's Name Typed or Printed

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Primary Residence) Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code