clearlending®
"clear steps, clear terms, clear loans"

CREDIT and APPRAISAL Authorization

PLEASE PRINT IN CAPITAL LETTERS

Name: _____
(As it appears on card)

Address: _____

City, State _____

Zip code: _____
(Billing address on card)

Check Credit Card: ☐ Master Card ☐ Visa ☐ Discover

Check Amount:

Credit Report ☑ Tri Merge $29.00
Appraisal Fee ☐ FHA $_____ ☐ Conventional $_____ ☐ Jumbo $_____

Credit Card Number _____

Credit Card Expiration Date: _____ / _____
Month Year

CID Number: _____ (Three digit code on back of card)

Loan Officer Name: _____Joan Gallardo_____

Date: _____

Authorization Signature:_____

All information must be filled in to process: Application, Credit or Appraisal Fee
Please feel free to email back to apply@clearlending.com or fax at 1-866-202-0311. Thanks.
With this form you are authorizing clearlending to request specified amount to your bank and obtain your tri Merge credit report or to order an appraisal report in connection with your loan application.

EQUAL HOUSING LENDER