

CREDIT and APPRAISAL Authorization







PLEASE PRINT IN CAPITAL LETTERS

Name (As it appea	ars on card):	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**************************************	·伯伯伯伯伯伯伯伯伯伯伯 ·洛伯伯伯伯伯伯伯伯
Address:			AAAAAA LAAAAA A	
City, State		Zip code (Billing address on card):		
Check Credit Card	: 🗆 Master Card	□ Visa	☐ Discover	
Check Amount:				
Appraisal Fee	☐Tri Merge \$95.00 ☐FHA/VA \$ ☐ \$			
Credit Card Numb	er <u>a a a a a a</u>			
Credit Card Expira	ntion Date:/			
CID Number:	Month (Three digit co		of card)	
Loan Officer Nam	e:Joan Gallard			
Authorization Dat	e:			
Authorization Sign	nature:	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**************************************	

All information must be filled to process the Credit Report, Appraisal or Survey Fees.

Please feel free to email back to patricia@clearlending.com or text at 346-702-2222. 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.

