

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
Credit Card Number
Credit Card Expiration Date: / Month Year
CID Number: (Three digit code on back of card)
Loan Officer Name:Joan Gallardo
Authorization Signature:

All information must be filled in to process: Application, Credit or Appraisal Fee

Please feel free to email back to processing@clearlending.com or fax at 1-855-511-3020. 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.

