

AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned authorize Express Capital Financing and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to charge my credit card below for the amount ______ to provide documentation of my current credit status, and/or a credit report, needed in connection with an application to: Property Address: PrintName: Social Security# _____ Date of Birth:_____ Street Address:
 City:

 ZIP (required):
Account Type: Visa Mastercard Discover Cardholder Name: Card Number: Expiration Date: ____ CVV: ____ Zip Code: _____ Signature: _____ Date:

> 2625 East 14th Street Suite #209 Brooklyn, NY 11235 www.ExpressCapitalFinancing.com email: Info@expresscapitalfinancing.com Phone (888) 565 - 9477 | Fax (844) 741 - 2276