## **AUTHORIZATION TO INVESTIGATE CREDIT**

I/We hereby authorize Rozelle Financial, Inc. to investigate our credit with the credit rating agencies. I/We further authorize Rozelle Financial, Inc. to release credit and financial information to any lender or agency that may potentially be involved in our loan(s) request.

I/We hereby certify that the information provided to Rozelle Financial, Inc. is valid and correct to the best of my/our knowledge.

Signature	Social Security #	Date
Signature	Social Security #	Date
Printed Name(s):		
Address:		

Please note: You may provide a recent copy of your credit report in lieu of authorizing

Rozelle Financial, Inc. to run the report. However, this form must still be

signed.

Return all items to



**ROZELLE FINANCIAL** 

8502 E. Chapman Ave., Suite 629 Orange, CA 92869

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