



Wall Financial Inc.

320 Arden Ave. Suite 100, Glendale, CA 91203

Credit Report Authorization Form

Borrower Information

Loan Number : _____ Loan Officer : _____

Borrower's Name : _____ D.O.B. : _____

Property Address : Street _____
City _____ State _____ Zip _____

Social Security # : _____ Driver's Lic # : _____

I AUTHORIZE WALL FINANCIAL, INC. TO OBTAIN MY CREDIT REPORT.

Borrower's Signature

Date

Co-Borrower Information

Borrower's Name : _____ D.O.B. : _____

Property Address : Street _____
City _____ State _____ Zip _____

Social Security # : _____ Driver's Lic # : _____

I AUTHORIZE WALL FINANCIAL, INC. TO OBTAIN MY CREDIT REPORT.

Co-Borrower's Signature

Date

Credit Card Information

Name on Credit Card (as it appears on card) Amount : _____

Type of Credit Card

VISA Master Discover AMEX Others : _____

Credit Card Number

Expiration Date

/ /

CCV Code (3-digit code on back)

(AMEX will be 4 digits on the front right)

Billing Address : Street _____

City _____ State _____ Zip _____

Credit Card Authorization

By signing this authorization form, I authorize WALL FINANCIAL, INC. to charge the above credit card in the amount of \$_____ to obtain my credit report.

Card Holder's Signature

Date