



Gates Funding

Residential and Commercial Loans

255 West 6th Street
San Pedro, CA 90731
424.210.3080 Phone 424.210.3099 Fax

BORROWER CREDIT AUTHORIZATION

Date_____

I/We authorize Gates Funding to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization. The information the Lender/Broker obtains is only to be used in the processing of my mortgage loan application.

Borrower 1 Full Name_____

Social Security Number_____-_____-_____ **Date of Birth**_____/_____/_____

Street Address_____

City_____ **State**_____ **Zip**_____

Borrower 2 Full Name_____

Social Security Number_____-_____-_____ **Date of Birth**_____/_____/_____

Street Address_____

City_____ **State**_____ **Zip**_____

Signature Date

Signature Date