

CREDIT REPORT AUTHORIZATION AND RELEASE

Escrow # _____

Subject Property Address: _____

Authorization is hereby granted to **Wachter Investments, Inc.** to obtain a standard factual data credit report through a credit reporting agency chosen by **Wachter Investments, Inc.**, and to consider these reports when making decisions or when advising or counseling lenders regarding our application for the extension of credit, or after we may become a borrower, with respect to any evaluation of credit risk in connection with any collection activity, or an extension or modification of an existing credit, or the extension of new or additional credit.

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts, such as mortgages, auto loans, personal loans, charge cards, credit unions, etc. My signature below additionally authorizes **Wachter Investments, Inc.** to verify all other credit information, including my past and present mortgage and landlord references; as well as my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances needed to process my Real Estate Loan Application.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information to be sent to the address of present residence, and holds **Wachter Investments, Inc.** and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Full Name: _____

Full Name: _____

Date of Birth: _____

Date of Birth: _____

Current Address: _____

Current Address: _____

Number of years: _____

Number of years: _____

If less than 2 years at current address:

Previous Address: _____

Previous Address: _____

Number of years: _____

Number of years: _____

Social Security Number: _____

Social Security Number: _____

Signature of Applicant

Dated

Signature of Applicant

Dated