

AUTHORIZATION FOR RELEASE OF INFORMATION

INDIVIDUAL INFORMATION		OTHER PARTY INFORMATION	
Name	Date	Name	Date
Residence Address		Residence Address	
City, State, Zip		City, State, Zip	
Previous Address		Previous Address	
City, State, Zip		City, State, Zip	
Date of Birth		Date of Birth	
SSN		SSN	
Driver's License. No.		Driver's License. No.	
State Issued	Expiration Date	State Issued	Expiration Date

I authorize Equity Funding LLC, Avalanche Funding LLC, Standard Financial Services, Inc. or any affiliated entities to obtain a credit report from any and all credit bureaus.

My signature below authorizes the credit reporting agency to release information regarding my credit history including, but not limited to, the following: address, outstanding credit accounts, payment history, and any collection actions, judgments, bankruptcies, tax liens, garnishments, attachments, etc.

Signature (Individual) _____
 Printed Name _____
 Date Signed _____ 20_____

Signature (Individual) _____
 Printed Name _____
 Date Signed _____ 20_____