

# DOCTORSMANAGEMENT, LLC

## Credit Information Disclosure Authorization

I/We hereby authorize you to release to DoctorsManagement, LLC, and/or its funding partner(s) for verification purposes, information concerning the following:

Banking, Savings, Stock, Securities Account Records  
Mortgage Loan Rating/Information (opening date, high credit, payment amount, due date, loan balance, payment record, etc.)

Consumer Credit Report, Factual Data Credit Report, Dun and Bradstreet/Business Credit Report

Employment History, Title, Income, Hours Worked, etc.

This information is for confidential use in processing a loan application.

A photographic or other similar copy of this authorization shall be deemed the equivalent of the original and may be used as a duplicate original.

This authorization will remain valid for a period of twelve (12) months from the date adjacent to the borrower's signature.

**Except for signatures, please clearly and legibly print all information.**

\_\_\_\_\_  
Borrower - First MI Last Name (Printed)

\_\_\_\_\_  
Co-Borrower - First MI Last Name (printed)

\_\_\_\_\_  
Home Address - Street / Apt. No

\_\_\_\_\_  
Home Address - Street / Apt. No

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Borrower Signature Date

\_\_\_\_\_  
Co-Borrower Signature Date