GRIFFIN
CAPITAL FUNDING

General Authorization Form

I hereby authorize Griffin Capital Funding its successors and or assigns to verify and share with any sources necessary to process my loan request my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances needed to process my loan application.

I further authorize Griffin Capital Funding its successors and or assigns to order and share with any sources necessary to process my loan request a credit report and verify all other information, including past and present mortgage and landlord references.

I hereby authorize any and all individuals, companies and any other entities to release and share any and all information requested by Griffin Capital Funding.

It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

Borrower:

Print Name	Signature	SSN

Address	City	State	Date

Co-borrower:

Print Name	Signature	SSN

Address	City	State	Date

PLEASE FAX BACK TO: (540) 548-1117

1135 Heatherstone Drive ▪ Fredericksburg, VA 22407
540-548-1001 opt 4 ▪ F ax 540-548-1117
www.ysploans.com