

I/we hereby give permission to Lenders Trust LLC to obtain information concerning employment, checking and/or saving accounts, obligations, and other credit matters which they may require in connection with our application for a loan. This form may be reproduced or photocopied and that copy shall be as effective consent as the original, which we have signed,

Print Name	Date	Signature	
Street Address			
City	State	Zip	Social Security #

Print Name	Date	Signature	
Street Address			
City	State	Zip	Social Security #

Print Name	Date	Signature	
Street Address			
City	State	Zip	Social Security #

I hereby certify this to be a true and correct copy of the original.

for Lenders Trust LLC