



AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I/WE, hereby give permission for you to release any and all information to Excellent Solution Group, LL and their associate _____ regarding my property located at:

_____ and for me personally, in reference to any mortgages, liens, employment, financial accounts, credit reports, and/or judgments of any type.

Loan #: _____

Lender/Lien Holder: _____

Lender Phone Number: _____

Please give him/her your full cooperation, just as you would if you were dealing with me. This authorization shall expire twelve (12) months from the date above unless rescinded in writing prior to that date.

Furthermore, the Mortgage Company will contact Excellent Solution Group for any discussion on this matter at 407-615-2536. Additionally, all paperwork and information will be sent to: info@excellentsolutiongroup.com or Excellentprocessing@live.com or fax to 321-445-9833

A FACSIMILE OR OTHER COPY OF THIS FORM WILL SUFFICE JUST AS THOUGH IT WERE THE ORIGINAL FORM.

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER & DOB

DATE

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER & DOB

DATE