



7560 RED BUD LAKE RD. SUITE 2020
OVIEDO, FL 32765
TEL: 407-615-2536
FAX: 321-445-9833
EMAIL: EXCELLENTPROCESSING@LIVE.COM
EMAIL: INFO@EXCELLENTSOLUTIONGROUP.COM

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/WE hereby authorize you to release any and all information to Excellent Solution Group LLC and the assigns agents that represent regarding my personally, in reference to any mortgages, liens, employment, financial accounts, credit reports and/or judgments of any type. **"Agents" shall include all real estate agents, attorneys and their assistants. This document may be reproduced to acquire reference from more than one source.**

Full Name: _____

Address: _____

Social Security _____

DOB: _____

Please give him/her full cooperation, just as you would if you were dealing with me.

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

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE

SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER

DATE