Commerce
Mortgage Services, Inc.

677 Commerce Street, Suite 300 ◆ Thornwood, NY 10594 ◆ Tel: 914-747-0019 ◆ Fax: 914-747-0444

CREDIT REPORT AUTHORIZATION

I/We authorize Commerce Mortgage Services, Inc. to obtain and discuss credit reports in connection with my/our Mortgage Loan Application and any update, renewal or extension of the credit. If it does so, I/We will, upon request, be informed of that fact and of each bureau's name and address. I/We authorize Commerce Mortgage Services, Inc. to verify with others, information contained in my/our Application and to report for lawful purposes its transactions with me.

I/We also authorize Commerce Mortgage Services, Inc. to share with other financial lending institutions information contained in my/our Application and in credit reports obtained in connection with my/our Application for the purpose of determining my/our eligibility for other products offered by the Bank.

VERIFICATION AUTHORIZATION

In order to process your mortgage loan application, we must verify all the information you have provided concerning bank accounts, employment, credit, and past mortgages. Financial and other institutions require your signature in order to release this information. Please sign the authorization below. Failure to sign the authorization may slow down processing of your mortgage loan application. This signature authorizes release of financial information about you for the sole purpose of processing your mortgage loan application. This information will not be disclosed to any other agency without your consent.

Authorization is hereby given for the release of any and all information concerning bank accounts, employment, credit or mortgage verification, as requested by **Commerce Mortgage Services, Inc.** in connection with my (our) application for a mortgage loan. The information is requested in connection with a "permissible purpose" as Defined in Section 604 of Public Law 91-508.

Applicant		**Co-Applicant**	
Name (Print)		Name (Print)	
Address		Address	
City		City	
State	Zip	State	Zip
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Signature	Date	Signature	Date