



TFS Mortgage Corporation, Inc.

*Licensed Correspondent Mortgage Banker
New Jersey Department of Banking & Insurance*

CREDIT REPORT AUTHORIZATION

Borrower: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Co-Borrower: _____

Social Security Number: _____

Date of Birth: _____ Age: _____

Home Address: _____

Representative: _____ Phone Number: _____

Fax Number: _____

I/WE GIVE MY/OUR CONSENT TO ALLOW TFS MORTGAGE CORPORATION, INC. TO RUN A CREDIT REPORT ON MY/OUR CREDIT HISTORY. I/WE HEREBY ACKNOWLEDGE RECEIPT OF TFS' WRITTEN CONSUMER PRIVACY NOTICE.

BORROWER

DATE

CO-BORROWER

DATE

***Division of Tomorrow's Financial Services, Inc.
437 Newman Springs Road; Lincroft, NJ 07738
Visit us on the web at www.tfsweb.com
(732) 758-9300 FAX (732) 758-9418***