



CLG Credit Authorization

I/We hereby authorize the release of any and all information to Coastline Lending Group (the "Lender") for the purpose of underwriting our credit transaction with the Lender. I/We authorize the Lender to release any such information to any entity deemed necessary for any purpose related to our credit transaction and we understand that the Lender will not release our information to any vendor or interest that is unrelated to this transaction.

Borrower Name: _____ (Print)

Borrower Signature: _____ Date: _____

Social Security Number: _____ DOB: _____

Current Residence: _____
Street Address

City, State, Zip Code

RETURN BY EMAIL TO: submit@CoastlineLG.com or FAX TO: (310) 361-8311
If any questions prior to completing this form, feel free to contact Jeff Joseph @ (310) 230-4111