Credit Authorization Form

VICTORY WHOLESALE LOANS

Applicant Information

Name

Social Security Number

Date of Birth

Address

City/State/Zip

Phone Number

Email

Co-Applicant Information (if applicable)

Name

Social Security Number

Date of Birth

Address

City/State/Zip

Phone Number

Email

I/We hereby authorize Champions Funding, LLC to obtain a consumer credit report and any other information relating to my/our financial position from any credit reporting agency or other source. I/We understand that this information will be used to evaluate my/our application for a mortgage loan.

I/We understand that I/we have the right to request a copy of my/our credit report from the credit reporting agency and to dispute any inaccurate or incomplete information.

Acknowledgment and Signature: By signing below, I/we acknowledge that I/we have read and understand this Credit Authorization Form.

Applicant Information

Signature

Date

Co-Applicant Information (if applicable)

Signature

Date

Champions Funding, LLC, DBA Victory Wholesale Loans. NMLS ID #2254210. Equal Housing Opportunity.