

TOP LEADING FINANCIAL, INC.
17004 COLIMA ROAD #8, HACIENDA HEIGHTS, CA 91745
TEL: (626) 810-8119 FAX: (626) 810-2119

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We hereby give my/our consent to have **“Top Leading Financial, Inc.”** obtain any and all information concerning my/our employment, checking, and/or savings accounts, obligations and all other credit matters which they may require in connection with my/our application for a loan.

I understand that any credit and/or property information obtained for use in underwriting this loan application shall remain the property of **“Top Leading Financial, Inc.”**

Applicants hereby certify that all information supplied upon loan application including W2 forms, pay check stubs, tax return, bank statements are accurate and honorable.

This form may be reproduced or photocopied and that copy shall be as effective consent as the original which I/We have signed.

Signature _____

Signature _____

Dated _____