

# Thomson Capital Group

Thomson Capital Group  
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## Authorization for Credit History Report

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The undersigned individual(s) hereby authorizes the release to Thomson Capital Group, and/or its assigns, all credit history and information required for the purpose of processing and evaluating the applicant's credit transaction. The undersigned also permits Thomson Capital Group to release his / her credit information and otherwise exchange information regarding applicant's credit transaction to various business professionals involved in the transaction, including but not limited to, lenders, agents, brokers, banks, and lending corporations.

A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/We affirm our identity as the respective individual(s) identified in the related application.

Name	
Signature	Date
Home Address	Social Security Number

Name	
Signature	Date
Home Address	Social Security Number

Name	
Signature	Date
Home Address	Social Security Number

Name	
Signature	Date
Home Address	Social Security Number