

3477 Corporate Parkway
Center Valley, PA 18034
EMAIL: care@care-services.us



PHONE: (888) 9 CARE 10
(888) 922 - 7310
FAX: (888) 826 - 9787
www.care-services.us

AUTHORIZATION FORM

PRINT

FIRST, MIDDLE, LAST _____ (PRIMARY)

FIRST, MIDDLE, LAST _____ (CO-BORROWER)

I Grant Permission for "CARE Services" and/or my listing agent to consult with my mortgage lender (s) regarding my property located at:

STREET, CITY, STATE, ZIP: _____

MORTGAGE COMPANY: _____

LOAN NUMBER: _____

CONTACT NUMBER: _____

2ND LIEN HOLDER: _____

LOAN NUMBER: _____

CONTACT NUMBER: _____

3RD LIEN HOLDER: _____

LOAN NUMBER: _____

CONTACT NUMBER: _____

IF YOU HAVE ANY QUESTIONS YOU COULD CONTACT ME AT (____) ____ - ____

LAST 6 DIGITS OF SOCIAL SECURITY NUMBER _____

PRIMARY - SIGNATURE

LAST 6 DIGITS OF SOCIAL SECURITY NUMBER _____

COBORROWER - SIGNATURE

DATE

CARE REPS - Annie Lehet, Gretchen Brago, Kathleen Fritzinger, Shawna Sniezek, Scott Kooman, Melissa Serratore

Listing Agent _____

Listing Agent Office _____

Listing Agent Number _____