



**CONSENT TO CREDIT INVESTIGATION  
RE: CREDIT REPORT**

DATE: \_\_\_\_\_

REQUESTED BY: Capital Mortgage Group  
136 Bufflehead Road  
Mooresville, N. C. 28117

PLEASE COMPLETE THE FOLLOWING: (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Residence (Include Zip Code):  
\_\_\_\_\_

Previous Residence (If Less Than 2 Years):  
\_\_\_\_\_

**CONSENT**

We hereby give Capital Mortgage Group, it's successors or assigns, our permission to obtain any and all information concerning our employment, checking and/or savings accounts, credit obligations, credit report and all other matters of public record in connection with our application for a loan.

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE