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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, Kathleen Fritzinger, Kim Waldron, Diane Borgia-Borelli, Robert Seagreaves
