



Send Overnight Packages to:  
333 Broad Street  
Red Bank, NJ 07701

Send Mail to:  
333 Broad Street  
Red Bank, NJ 07701

**(732) 741-2000**

Fax:  
**(732) 741-2009**

Internet:  
CherokeeFinancial.net

## Authorization to Release Credit Information

Cherokee Financial, LLC ("Cherokee") is the holder and servicer (a/k/a "Mortgagee") of a certain financial obligation (the "Cherokee Loan") on the part of the Borrower (a/k/a "Mortgagor") named below. If the Note was endorsed by more than one person, they are together herein called the "Mortgagor", or "Borrower" and "Co-Borrower".

By signing this form, the Mortgagor named below hereby requests and instructs Cherokee to release and provide to the "Prospective Lender" captioned herein all available information related to the Cherokee Loan.

If only one person signs, but the Cherokee Loan had two (or more) Borrowers, then the signer represents to Cherokee that the other Borrower(s) gave the signer permission to sign this release on their behalf.

The Borrower indemnifies and holds Cherokee harmless for any good faith errors in the information, and for any misuse of the information once it is released by Cherokee.

This authorization expires thirty days after first signed. Photocopies of facsimile transmissions of this form and the signatures shall be as valid as if original ink signatures were provided.

### Comments:

Please **PRINT** clearly in dark ink. Every line must be filled. Fax this form to **(732) 741-2009**

**X** \_\_\_\_\_ **X** \_\_\_\_\_

Borrower \_\_\_\_\_  
Current Address \_\_\_\_\_

Co-Borrower \_\_\_\_\_  
Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

SSN [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

SSN [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

Date Signed \_\_\_\_\_

Date Signed \_\_\_\_\_

If loan file shows a different address,  
Mortgaged Property Address: \_\_\_\_\_

Please provide information about my/our Cherokee Loan to this Prospective Lender:

Company \_\_\_\_\_ Person \_\_\_\_\_

Address \_\_\_\_\_ City & State \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_