

Closing Agent Credit Authorization and Release

To: Any person or firm having knowledge of activities, past or present, any credit bureau, retail merchant association, bank, financial institution, credit extending organization, law enforcement agency, any licensing or regulatory authority of any local, county, state or federal government:

I, _____, hereby authorize Banc of California, National Association through its agents to conduct an appropriate background investigation but not limited to, personal interviews for determination of my eligibility and acceptability to become an approved closing agent with Banc of California, National Association, Warehouse Lending Division. I authorize all persons who may have information relevant to this investigation to disclose it to Banc of California, National Association or its agents from time to time and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Attorney/Owner:

Signature: _____ Date: _____

Print Name: _____

Social Security Number: _____ License Number: _____

Company Information:

Legal Company Name: _____

DBA Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Federal Tax ID: _____

Attorney Email Address: _____