

AUTHORIZATION TO RELEASE INFORMATION

For: Lenders, Credit Bureaus, Banks, Savings & Loans, etc.

To Whom It May Concern:

I, the undersigned, hereby authorize WCS FUNDING GROUP INC “WCSF”), to verify all information with regard to, but not limited to credit history, employment history, warehouse accounts, bank accounts, any accounts payable, broker relationships and all other information deemed necessary in connection with my broker application for approval.

You are authorized to release loan balances and provide rating or any other pertinent information requested by WCSF.

I authorize WCSF to reproduce this authorization as needed to obtain complete information. A copy of this instrument bearing my signature carries the same authority as the original.

Your company, officers and employees are held harmless by me for furnishing true and correct information.

Broker Signature

Social Security #

Date

Principal/Owners Signature

Social Security #

Date