

SAFETY CAPITAL

INFORMATION AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize Safety Capital to verify any information necessary in connection with the application being filed by the undersigned for the purpose of obtaining financing through Safety Capital on my/our behalf including but not limited to the following:

1. Credit History Information;
2. Income Information;
3. Employment/Unemployment Information;
4. Bank Account(s) Information;
5. Asset Account(s) Information;
6. Mortgage/Rental History Information.

Authorization is further granted to Safety Capital to use a copy of my/our signatures below to obtain information regarding any of the aforementioned items. This Authorization will expire ninety (90) days from the date of signature.

Applicant's Name

Date

Applicant's Signature

Social Security Number

Applicant's Name

Date

Applicant's Signature

Social Security Number

Applicant's Street Address

City, State, Zip Code

**** Heritage Mortgage Corporation dba Safety Capital ****