

Credit Report Authorization Consent Form

I, _____ Date of Birth: (yyyy-mm-dd) _____, of

Address: _____ City: _____

Province: _____ Postal: _____

SIN: _____

authorize the release of my credit score information to Bonnie Thorlakson and agencies or lending institution she is either employed by or in partnership with, in order to verify the information I provided in determining my ability to qualify for a mortgage or loan. I understand that Bonnie Thorlakson and agencies or lending institution she is either employed by or in partnership with, will not disclose any details of these credit results to anyone and the reports will be kept secure and confidential.

***Please include a copy of a valid drivers license.**

Signature: _____ Date: _____