

Broker/Agent___

Phone (905) 440-5392

Client Consent For Credit

+4·Ra	Date	Transaction #	
MORTGAGE FOUNDATIONS	Client Name(s)		
<u> </u>	termine my credit worthiness. In or	pest of my knowledge true, complete and o der to assess my ability to meet my financ	
 To request and obtain perso information about me in orde 		ngoing basis from credit bureaus from prev	viously collected
 To release and exchange m lenders, mortgage insurers a 		redit bureau credentialed third parties, incl	uding mortgage
·	al and national authorities in the inv g organization and its agents from	vestigation of unlawful or improper activitie fraudulent transactions.	s in order to
• To disclose my personal info	ormation where necessary to prote	ect my interests, and those of the submittin	g organization.
I consent and authorize that the Mort	gage lender can obtain informatior	and reports from Credit Reporting Agenci	ies.
Canada's Anti-Spam Legislation whic you communications about the latest	_	2014 requires us to obtain your consent in	order to send
Client Consent			
Applicant Name	Applicant Signa	ture Date	
Applicant Name	Applicant Signa	ture Date	
Applicant Name	Applicant Signa	ture Date	
Applicant Name	Applicant Signa	ture Date	
Mortgage Foundations FSRA # 111 Eastlawn St. Oshawa, On			