



CONSULTING
Your Business Is Our Business

VERIFICATION AUTHORIZATION

**Please complete this form,
sign it, and email it to
J&M Consulting Firm:
info@jandmcconsultingfirm.com**

I, _____, authorize J&M Consulting Firm (JMCF) and their assigns to obtain my personal and/or business credit reports as well as any additional information needed to process my commercial financial application.

Furthermore, I authorize the representatives of J&M Consulting Firm (JMCF) to discuss my personal credit report, credit score, and personal financial situation with any agent of Experian, Equifax, or TransUnion.

A copy of this authorization and signature attached may be deemed to be the equivalent as the original.

Borrower's Signature

Date

Full Name: _____

Address: _____

Date of Birth: _____

S.S. Number: _____