

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We hereby fully authorize you to provide **STL Property Solutions, LLC**, its representatives and its associating entities, any and all documents that they request. Such information includes, but is not limited to: any discussion of my loan, loan balance(s), payoff(s), any credit transaction, reinstatement, loan transfer, or loan inquiry.
2. Copy of this authorization form may be accepted as an original. This document may be reproduced to acquire references from more than one source.
3. I/We, also, do hereby release **STL Property Solutions, LLC**, its representatives and its associating entities from any and all liability that may result from the release of this information. I/We further agree to hold harmless **STL Property Solutions, LLC**, its representatives and associating entities from any and all damages for liability therefore which may result from the release of said information.

My Property Address

My Contact Phone Number

My Lender

Lender Contact

My Loan Number

_____/_____
Lender Contact Phone and/or Fax

Primary Borrower (Signature)

(Social Security Number)

(Printed Name)

(Date)

(Signature)

(Social Security Number)

(Printed Name)

(Date)

Attn: Lender - Please FAX 636-773-8390 or EMAIL to elvproperties@hotmail.com the following information:

Person Assigned:

Direct Fax:

Direct Phone:

Email Address:

1. Short Sale Offer Requirements
2. Verification of Mtg- no history needed
3. REI - Reinstatement Amount
4. UPB - Unpaid Principle Balance
5. Payoff Amount

If you have more than one lender on your property make multiple copies of this form.

For faster service, you may fax or e-mail
the signed document to

Jeremy 24 hours a day, 7 days a week

Fax to:

636-773-8390

OR

Scan & E-mail to:

elvproperties@hotmail.com