

**Authorization of Business References**

Please provide the information request for all owners and then execute where indicated below. By executing this form, the broker and each of the undersigned persons hereby authorize Sky Mortgage Wholesale Lending Solutions a dba of Home Mortgage Alliance Corporation ( "Lender"), as its discretion, to obtain positive identification of information of the broker provided in the application for LENDER's approval, and other information that is of concern to us. WE acknowledge that such information (and any other such reports and information that LENDER may obtain concerning other persons who are partners owners, or principals, of the broker ) will be obtained and used only in connection with LENDER's approval of the broker and evaluation of the brokers continued eligibility to do business wit LENDER, and not for any consumer credit or their purposes

Broker \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
Authorized typed name

\_\_\_\_\_  
Authorized Officer Title

\_\_\_\_\_  
Authorized Officer signature

\_\_\_\_\_  
Date

Name	SS#	DOB	State reside	Position	% Owner	Signature