

CAMPBELL & SONS CAPITAL PRE-QUAL APPLICATION

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APPLICANT INFORMATION:

FULL NAME- _____

DATE OF BIRTH- _____

SS#- _____

HOME PHONE- _____ CELL _____

EMAIL- _____

ADDRESS- _____

RESIDENTIAL STATUS- _____ MORTGAGE/RENT AMOUNT- _____

TIME AT CURRENT ADDRESS- _____

EMPLOYMENT STATUS- _____ EMPLOYER- _____

OCCUPATION- _____ TIME ON JOB- _____

MONTHLY SALARY- _____ OTHER INCOME- _____

AUTHORIZATION IS SOLEY FOR PRE-QUALIFYING ONLY

You understand that by providing a signature below, you certify that all the information provided in this application is true and correct, and you are confirming you have read and understand that you are providing written instructions to this company under the Fair Credit Reporting Act authorizing this company to obtain information from your personal credit profile or other information form Experian and/or TransUnion. You authorize this company to obtain such information solely to conduct a prequalification for credit.

APPLICANTS SIGNATURE _____ DATE _____

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[YOU MAY TAKE A PIC OF THIS WITH YR PH AND TEXT IT 443-617-7724 if you can't Email it back!](tel:443-617-7724)