

First Capital Funding Corporation.

3175 Starbright Court, Suite D
Middleburg, Florida 32068-4279
Toll Free: 800-346-0136
Toll Free Fax 888-755-8521

AUTHORIZATION TO RECEIVE CONSUMER REPORTS

INSTRUCTIONS: The secured party (Note Seller) is to complete and sign this form. The Social Security Number of the Debtor(s) is very helpful, but sometimes is not absolutely necessary. The home address with zip code, however, is an absolute must. After the form is completed, signed, and dated, it can be faxed Toll Free 888-755-8521. If you have any questions, call 800-346-0136.

Debtor/New Owner's Name: _____ **Home Address:** _____

Soc Sec #: _____

Telephone: (____) _____ Zip: _____

Debtor/New Owner's Name: _____ **Home Address:** _____

Soc Sec #: _____

Telephone: (____) _____ Zip: _____

Security Instrument and Note dated: _____

In connection with the possible purchase by First Capital Funding Corp., or assignee, of the Security Instrument and Note given by the above named debtor (the "Debtor") on the date referred to above and held by me, I authorize First Capital Funding Corp., or assignee, to order, receive and review on my behalf one or more consumer reports on any Debtor from one or more consumer reporting agencies, all as permitted by the federal Fair Credit Reporting Act and applicable state law.

Date: _____ Secured Party: _____

(Signature of Note Seller)

Name: _____

(Print Name)

Address: _____

Telephone No.: (____) _____