



**Fax Information** (if applicable)

Date: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

**Consent for Credit**

We are pleased to have the opportunity to assist you with your home financing needs.

I / We, the undersigned consumer(s), direct **Wells Fargo Home Mortgage** to obtain copies of my/our credit reports.

This consent shall automatically expire thirty (30) days from the date of my/our signature(s) below.

**Printed Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Credit Report Ref #:** \_\_\_\_\_

It is required that the HMC legibly writes the entire 15 digit credit report reference number (not the SSN) on the above line without writing any dashes, hyphens or symbols

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Printed Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Consent for Credit form is to be used for only one credit report reference number

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WFHM TO COMPLETE: Home Mortgage Consultant to fax completed form by next business day to secure fax: 866-512-6377 (not for customer's use)