



**Fax Information** (if applicable)

ALL HMC Info is required for the form

Date: \_\_\_\_\_ From HMC Name: Eric Sprenkle  
To Customer: \_\_\_\_\_ HMC NMLSR ID #: NMLSR ID 402092  
Customer Fax: \_\_\_\_\_ HMC Phone #: 605-575-8733  
HMC Fax: 866-880-7943

**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

Wells Fargo Home Mortgage is a division of Wells Fargo Bank, N.A. ©2006 Wells Fargo Bank, N.A. All rights reserved



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)