GRIFFIN CAPITAL FUNDING & CARTERET COMMERCIAL DIVISION

General Authorization Form

I hereby authorize Carteret Commercial Division & Griffin Capital Funding its successors and or assigns to verify and share with any sources necessary to process my loan request my past and present employment, earnings records, bank accounts, stock holdings and any other asset balances needed to process my loan application.

I further authorize Carteret Commercial Division & Griffin Capital Funding its successors and or assigns to order and share with any sources necessary to process my loan request a credit report and verify all other information, including past and present mortgage and landlord references.

I hereby authorize any and all individuals, companies and any other entities to release and share any and all information requested by Carteret Commercial Division & Griffin Capital Funding.

It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

Borrower:

_____	_____	_____
Print Name	Signature	SSN
_____	_____	
Print Name of Organization	Date	

Co-borrower:

_____	_____	_____
Print Name	Signature	SSN
_____	_____	
Print Name of Organization	Date	

PLEASE FAX BACK TO: (540) 548-1117