

# Authorization

Client: \_\_\_\_\_ Client: \_\_\_\_\_

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

Ph: \_\_\_\_\_

Ph: \_\_\_\_\_

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

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

***Cal State Relocation Services***

6728 Fair Oaks Boulevard #302

Carmichael, \* CA \* 95608

Ph.916-488-5626 \* Fax: 916-488-3889

SIA/Pre-Home Retention Screening \* Credit

Information\* Real Estate \* Relocation Services.

Free call: 888-232-7356

Please Fax Your Authorization  
916-488-3889

To whom it may Concern:

I, \_\_\_\_\_, give authorization to **John M. Navarro** of ***Cal State Relocation Services***  
and/or Designated Agents \*(see below) to represent my interests in discussions regarding my  
loan(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_.

Sincerely,

\*Designated Agents: Bonnie White, Tony Carr, Lorna Johnson (Escrow Officer)  
and Steve J. Beede (Attorney of Law)\*.

Borrower \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Borrower \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorized Broker: \_\_\_\_\_ Date \_\_\_\_\_

John M. Navarro/ CA Business License # 340889