

## INTERNATIONAL CREDIT REPORT ORDER FORM

\*\*\* A completed 1003, Borrower's Signed Authorization Form, Visa/Passport, and Credit Card Authorization are required to process an International Credit Report \*\*\*

DATE:	
BROKER / CONTACT PERSON: _	
PHONE#:	
EMAIL ADDRESS:	

#### **INSTRUCTIONS:**

- Please enter all borrower(s) information in the system before generating document. Review the form before upload and submission to ensure any fields not populated are completed manually. Forms CANNOT include handwriting.
- THERE MUST BE AN INTERNATIONAL ADDRESS ON THE ORDER TO OBTAIN AN INTERNATIONAL CREDIT REPORT (ICR).
- Email Order Form along with a completed 1003, Borrower's Signed Authorization Form, Visa/Passport, and Credit Card Authorization to: <u>ForeignNational@GreenboxLoans.com</u>

#### **BORROWER / CO BORROWER INFO:**

 Include the FULL NAME(S) for all borrowers, complete residential/mailing addresses, phone numbers and US SSN# or Canadian SIN #, as applicable.

Date:	Loan #:
Borrower Name:	
Home Phone Number:	
Mobile/Cell Number:	
Date of Birth:	
US SSN #:	Canadian SIN #:
Co-Borrower Name:	
Mobile/Cell Number:	
Email Address:	
Date of Birth:	
US SSN #:	Canadian SIN #:

#### **RESIDENCY INFO:**

- \*\*\* AN INTERNATIONAL ADDRESS MUST BE INCLUDED ON ALL ORDERS! \*\*\*
- A Canadian address must be included for borrowers with Canadian SIN #.
- Minimum 2 years residency history must be included.
- Contact name and number for residency verification must be provided, even if it is a friend/relative and no rent is paid.
- Provide occupancy type/property usage for all residences/properties.



Foreign Address (current p	orimary residence)	:
Room/Flat/Apartment/Cond	do Number:	
Name of Building/Edificio//	Apartment:	
Block/Tower/Building Num	ber:	
Street/Road Number/Street	/Road Name:	
District/Sector/Urbanizacio	on:	
City/Village/Barrio:		
Country:	Province/State:	Postal Code:
Property use: Owns How long?		w long?
		vned Dates:
Account #:		
Property use: Rents		How long?
Monthly Payment Amount:	Re	nted Dates:
Landlord name and phone number:		
Property use: Resides	_	How long?
Monthly Payment Amount:	Re	sided Dates:
Relative name and phone number:		
Foreign Address (previous	-	
-		
Name of Building/Edifcio/Apartment:		
Block/Tower/Building Number:		
Street/Road Number/Street/Road Name:		
District/Sector/Urbanization:		
City/Village/Barrio:		
Country:	Province/State:	Postal Code:
Property use: Owns	На	w long?
Monthly Payment Amount:		vned Dates:
Current mortgage lender/bank:		
Account #:		



Property use: Rents	How long?
Monthly Payment Amount:	Rented Dates:
Landlord name and phone number:	
Property use: Resides	How long?
Monthly Payment Amount:	-
Relative name and phone number:	
List all additional foreign properties owne	ed by the borrower:
** If borrower has more than two additional p	roperties, please attach a separate sheet. **
<ul> <li>List any additional properties owned by t</li> </ul>	the borrower(s), including usage and the full address.
1) Room/Flat/Apartment/Condo Number: _	
Name of Building/Edifcio/Apartment:	
Block/Tower/Building Number:	
Street/Road Number/Street/Road Name:	
District/Sector/Urbanization:	
City/Village/Barrio:	
Country: Province/Sta	
Property use: Owns	How long?
Monthly Payment Amount:	Owned Dates:
Current mortgage lender/bank:	
Account #:	
2) Room/Flat/Apartment/Condo Number: _	
Name of Building/Edifcio/Apartment:	
Block/Tower/Building Number:	
Street/Road Number/Street/Road Name: _	
District/Sector/Urbanization:	
City/Village/Barrio:	
Country: Province/Sta	te: Postal Code:
Property use: Owns	How long?
Monthly Payment Amount:	
Current mortgage lender/bank:	
Account #:	



U.S. Address (current primary residence, if applicable):		
StreetAddress:		
Property use: Owns	How long?	
Monthly Payment Amount:	Owned Dates:	
Current mortgage lender/bank:		
Account #:		
Property use: Rents	How long?	
Monthly Payment Amount:	Rented Dates:	
Landlord name and phone number:		
Property use: Resides	How long?	
Monthly Payment Amount:	Resided Dates:	
Relative name and phone number:		
U.S. Address (previous residence, if ap StreetAddress:	plicable):	
Property use: Owns	How long?	
	Owned Dates:	
Account #:		
Property use: Rents	How long?	
Monthly Payment Amount:	Rented Dates:	
Landlord name and phone number:		
Property use: Resides	How long?	
Monthly Payment Amount:	Resided Dates:	
Relative name and phone number:		
List all additional U.S. properties owned	d by the borrower:	
	by the borrower(s), including usage and the full address. nal properties, please attach a separate sheet.	

1) StreetAddress:\_\_\_\_\_ City/State/Zip:\_\_\_\_\_



Property use: Owns	How long?
Monthly Payment Amount:	Owned Dates:
Current mortgage lender/bank:	
Account #:	
2) StreetAddress:	
Property use: Owns	How long?
Monthly Payment Amount:	Owned Dates:
Current mortgage lender/bank:	
Account #:	

#### **EMPLOYMENT:**

\*\* Must provide a minimum 2 year history of employment \*\*

- For salaried borrowers, provide full name/address/name of Supervisor or HR contact/telephone number for employer(s), include additional and prior employment information, including dates of employment if current position held less than two years. Contact phone number must be a landline.
- For self-employed borrowers, provide full name/address/telephone number of CPA; include additional and prior employment information, including dates of employment if current position held less than two years. Contact phone number must be a landline.

#### Borrower (current):

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Employer Name:	
Employer Address:	
Position/Title:	
If self employed, provide CPA information:	
CPA's Name:	
CPA Contact Number: (must be landline):	
CPA's Address:	
Supervisor or HR Contact Name:	
Telephone # (must be landline):	
Start Date:	



#### Borrower (previous):

Employer Name:	
Employer Address:	
Position/Title:	Self Employed? Y/N

If self employed, provide CPA information:

CPA's Name:	
CPA Contact Number: (must be landline)	
CPA's Address:	
Supervisor or HR Contact Name:	
Telephone # (must be landline):	
Dates of Employment:	
Co-Borrower (current):	
Employer Name:	
Employer Address:	
Position/Title:	_Self Employed? Y/N

If self employed, provide CPA information:

CPA's Name: _	
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CPA Contact Number (must be landline): \_\_\_\_\_

CPA's Address: \_\_\_\_\_

Supervisor or HR Contact Name: \_\_\_\_\_

Telephone # (must be landline): \_\_\_\_\_

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

Co-Borrower (previous):

Employer Name:	
Employer Address:	
Position/Title:	Self Employed? Y/N

If self employed, provide CPA information:

CPA's Name: \_\_\_\_\_\_ CPA Contact Number (must be landline): \_\_\_\_\_\_ CPA's Address: \_\_\_\_\_\_ Supervisor or HR Contact Name: \_\_\_\_\_\_ Telephone # (must be landline): \_\_\_\_\_\_ Dates of Employment: \_\_\_\_\_\_



#### > Please provide a summary of residency, employment history, and significant factors of the loan:

Example:

Borrower is president of a corporation located in Mexico and is purchasing a second home in Florida for personal travel. Borrower accepts teaching assignments worldwide, and is currently located in France with university housing (paid by employer). Permanent residence located in Switzerland (owns and is currently renting while on assignment in France). Interested in U.S. property for personal travel.

### INTERNATIONAL CREDITOR INFORMATION:

Greenbox Loans, Inc. does not have access to credit bureau databases outside the United States and Canada. Without the following information, Greenbox Loans, Inc. will be unable to complete your request for an international credit report. Please supply only local phone numbers. (NOTE: You do not have to complete this section if you are ordering a Canadian credit report. Time service is 48 hours)

Creditor Name:	Creditor Name:
Account #:	Account #:
Int'l Phone #:	Int'l Phone #:
Address:	Address:
Creditor Name:	Creditor Name:
Account #:	Account #:
Int'l Phone #:	Int'l Phone #:
Address:	Address:



# **Credit Card Payment Authorization**

Informative Research accepts Visa, MasterCard and American Express card payments. Just complete the form below and mail or fax it back to us. We will charge your credit card for the invoice(s) you reference.

VISA	AMERICAN ECORESS	MasterCard
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Company Name: <b>Greenbox Loans, Inc.</b> Telephone Number: Email Address Cardholder Name:	
Email Address	
Cardholder Name:	
Cardholder Address:	
City, State:	Zip Code:
Credit Card Number:	Expiration: Code

\_\_\_\_\_ authorize payment of \$190.00 to Informative Research.

By signing below, I am agreeing that I am the person whose name and information appears above.

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Cardholder Signature:	Date:	
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