



## PRE-QUALIFICATION REQUEST

	BORROWER	CO-BORROWER
NAME	_____	_____
ADDRESS	_____	_____
	_____	_____
CITY, STATE	_____	_____
& ZIP	_____	_____
TEL. #'s		
CELL	_____	_____
WORK	_____	_____
SS#	_____	_____

I hereby authorize Grice, Pope & Associates, Inc. dba GPA Capital and/or assigns to order a consumer credit report on principals named above and to verify all other credit information above. The information obtained will only be used to initiate my application for credit request and will be held in the strictest of confidence.

\_\_\_\_\_ Date \_\_\_\_\_  
Borrower #1

\_\_\_\_\_ Date \_\_\_\_\_  
Borrower #2

GPA Capital  
2740 SW Martin Downs Blvd.,  
Suite 262  
Palm City, FL 34990

TEL: (877) 247-2776

FAX: (866) 892-11167

EMAIL: [info@gp-assoc.com](mailto:info@gp-assoc.com)