

**INS Form G-845**

DOCUMENT VERIFICATION REQUEST

Full Name: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize the U.S. Customs and Immigration Service to release information regarding my immigration status to Centerstone SBA Lending, Inc. because I am applying for a U.S. Small Business Administration Loan.

Lender Name: Centerstone SBA Lending, Inc.

Street Address: 777 S. Figueroa St. Ste #1900

City, State, ZIP: Los Angeles, CA 90017

Phone: (213) 805-5648

Fax: (213) 805-5648

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date