

CREDIT REPORT ORDER FORM AND CONSENT RELEASE

Debtors full name: \_\_\_\_\_

Co Debtors full Name (if a joint request) \_\_\_\_\_

Birth date \_\_\_\_\_ Co Debtors Birth date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Co Debtors SSN \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I give authorization for the Law Offices of Mark A. Bandy, PC to access my credit report information including all medical information reported. By signing this document you are verifying that all the information above is correct.

Debtor signature \_\_\_\_\_ Date \_\_\_\_\_

Co Debtor signature \_\_\_\_\_ Date \_\_\_\_\_