

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 **Online Credit Reporting Corporation** to access my credit report information including all medical information reported. By signing this document you are verifying all the information above is correct.

Debtor Signature _____ Date _____

Co-Debtor Signature _____ Date _____

Two forms of identification required with current address, one of which must be a photo ID.

Automated Authentication Questionnaire

When ordering your credit report, your attorney will need to establish your identification through 4 automated questions established by the credit bureaus. Please answer the following questions to the best of your ability.

1. What year were you born?
2. What state was your social security number issued in?
3. Regarding your car:

What is the make and model of your car?

The color of your car:

Your license plate number:

The loan/lender (if applicable):

4. Please list previous addresses (street, city, and country):