

## CREDIT REPORT CONSENT FORM

I give authorization for Online Credit Reporting Corporation to access my credit report information including all medical information reported by signing this document I am verifying that the information below is correct.

Debtor's Name \_\_\_\_\_

Debtor's Social Security Number \_\_\_\_\_

Debtors' Signature \_\_\_\_\_

### QUESTIONNAIRE

1. Former address: \_\_\_\_\_

2. Employer: \_\_\_\_\_

3. Former Employer: \_\_\_\_\_

4. Auto Loan: \_\_\_\_\_

5. Former Auto Loan: \_\_\_\_\_

6. Mortgage: \_\_\_\_\_

7. Former Mortgage: \_\_\_\_\_