



Real bankruptcy solutions. Real time.

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.

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Automated Authentication Questionnaire

1. What year were you born?
2. What state was your social security number issued in?
3. Please list previous addresses (street, city and county):
4. Employer name:
5. Mortgage name:
6. Mortgage amount:
7. County of residence:
8. Education level:
9. Auto loan name: