



THIRD PARTY PERMISSION

This is an attempt to collect a debt and all information will be used for that purpose.

Authorization to Visit with Third Parties

If you wish to permit us to visit with a third party about your account we must first have your permission. You are also authorizing this individual to make payment arrangements for you. If you wish to give us that permission please complete the following information and mail or fax it to our office.

Print Your Name: _____

Phone: _____

Our File Number: _____

Creditor Name: _____

Name of Person(s) You Want Us
to Visit With: _____

Phone: _____

Is this person a
licensed attorney? _____

Sign Here: _____

After printing this form and filling it out you may mail or fax it to us. Please use the information listed at the bottom of this page.