

Joint Consumer Credit Report Disclosure and Consent

The purpose of this form is to notify and receive permission from you, the applicant that a credit report will be obtained in the course of a business transaction (as specified in FCRA 604(a)(3)(F)(i) or (ii)) initiated by you with the below named attorney or by subpoena as specified in FCRA 604(a)(1) or by written instructions of the consumer as specified in FCRA 604(a)(2). No adverse actions shall be initiated based upon any information provided by supplier(s) to named attorney and / or consumers named below.

Attorney Name: _____ **Bar No:** _____

Client
Last Name: _____ First: _____ MI: _____

Social Security # _____ Date of Birth _____

Drivers License Number: _____ State of Issue _____

Present Address _____

City: _____ State: _____ Zip Code: _____

Spouse
Last Name: _____ First: _____ MI: _____

Social Security # _____ Date of Birth _____

Drivers License Number: _____ State of Issue _____

Present Address _____

City: _____ State: _____ Zip Code: _____

In connection with this request, I authorize all corporations, former employers, educational institutions, credit reporting agencies, law enforcement agencies, city, state, county, and federal courts, military services and persons to release information they may have about me and my spouse to the person or company with which this form has been filed or their agent(s). This releases the aforesaid parties from any liability and responsibility for collecting any information.

Clients Signature: _____ Date: _____

Forensic & Security Services, Inc #A-14679
PO Box 891327
Houston, TX 77289-1327
Phone (713) 960-7250 FAX (832) 213-4782