

South Shore Credit Management Inc.

"Do not panic, we can help you."

CLIENT AUTHORIZATION FORM

\$37.53

Date: _____ Referral Name: _____

Reason For Credit Repair: _____

CLIENT PERSONAL INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____ Floor/Apt #: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____

Work: _____ Email: _____

DEBIT/CREDIT BILLING INFORMATION - (THIS SECTION MUST BE FILLED OUT COMPLETELY!)

Full Name as on Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

DEBIT/CREDIT CARD INFO - DO NOT LEAVE THIS PART BLANK - OR YOUR REPORT WILL NOT BE PULLED AMEX, MASTERCARD or VISA ONLY!

Card Logo: _____

Card Number: _____

Expiration: _____

Security Code: _____

Client Signature: _____ Date: _____

Cardholder Signature: _____ Date: _____

South Shore Credit Management Inc.

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Web: www.SouthShoreCredit.com

Phone: (631) 226-9100

Email: SouthShoreCredit@yahoo.com



2873 Long Beach Road, Oceanside, New York 11572

LEGACY FINANCIAL

AUTHORIZATION TO RELEASE INFORMATION

My signature below is authorization for you to obtain my credit report and to release information regarding my credit, employment, banking and/or ratings to Legacy Financial. This relates to my recent application for a real estate loan.

Reproduction of this authorization is to be considered as valid as the original.

Signed _____ Date _____