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AUTHORIZATION TO OBTAIN CREDIT REPORTS

I authorize Simon, Fitzgerald, Cooke, Reed & Welch to obtain one or more credit reports in my name and to print and retain a copy of such credit reports for the purpose of advising me of my rights and options under the Bankruptcy Code.

Print Name

Print Name (Spouse)

Signature

Signature (Spouse)

Date of Birth

Date of Birth (Spouse)

Social Security Number

Social Security Number (Spouse)

Current Address

Current Address (Spouse, if different)

City, State, Zip

City, State, Zip

Previous Address (if less than 2 yrs)

Previous Address (Spouse, if different
and less than 2 years)

City, State, Zip

City, State, Zip

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