

TRINITY DEBT MANAGEMENT SERVICES

Avondale, Arizona

(Please read, print, and sign your name and date this document)

AUTHORIZATION TO RELEASE INFORMATION

I/We authorize Trinity Debt Management Services (TDMS) to act on our behalf in verifying and inquiring on any negative credit item whether reported on my credit profile or not. In doing so, I give TDMS full power and authority to undertake and perform any work referencing to the disposition of any negative information on my behalf to the same extent as if I had done so personally. At my request, I hereby authorize the release of any and all credit information pertaining to my account to TDMS by honoring any documents, pertaining to credit history, signed on my behalf by an authorized agent. It is understood a photocopy of this form will also serve as authorization.

This information is not to be released to anyone other than the representing party/ies on my behalf.

Print Name

(If Joint) Print Name

Signature

Signature

Date

Date