

CREDIT AUTHORIZATION

Consent

I/We hereby give our consent to **Douglass, West and Associates**, or any credit reporting bureau which it may designate, to obtain any and all information concerning our employment, checking and/or savings account, and any or all obligations with regard to my legal matter. This form may be reproduced or photocopied and the copy shall be as effective as the original which we have signed.

Client Name (Print): _____

Client (SS #): _____

Client (Address): _____

(Address): _____

Client (Sign): _____

Client Name (Print): _____

Client (SS #): _____

Client (Address): _____

(Address): _____

Client (Sign): _____

Universal Credit, or other credit reporting bureaus, are hereby authorized to assist **Douglass, West and Associates** in securing and collecting the foregoing information.

I hereby certify this to be a true and correct copy of the original.

Douglass, West and Associates

By: _____