

11132 Winners Circle #207 Los Alamitos, CA 90720 Tel: (877) 311-1234 Fax: (877) 388-1234

Credit Report Order Form and Consent Release

Home Number:

Middle:

Suffix:

First name: Last Name: Social Security: Street Address: City State Zip:

IA

Former Address (If less than 2 years) Street Address: City State Zip:

I give authorization for <u>Online Credit Reporting Corporation</u> to access my credit report information including all medical information reported. I understand that OCR will mail my credit report to the address shown by the credit bureau/s. I also give my authorization to provide the data from Experian and Trans Union to my attorney. By signing this document you are verifying all the information above is correct.



Debtor Signature:

Date:

Two forms of identification required with current address, one of which must be a photo ID.

This order form is only required when Online Authentication cannot be completed.

Pre Fax Checklist			
	Signed Order and Consent Release		Request ID Number:
	Photo copy of two IDs, one must have a photo		Faxed or Scanned & Emailed to OCredit