

14051 NW 14th Street
Suite 220
Sunrise, Florida 33323

Client ID#

I hereby authorize Credit Counseling Inc., to represent me and take all actions which they may deem advisable to make settlement with my creditors. This authorization shall include, but is not limited to, receiving account information and balances, negotiating with my creditors on my behalf, and making payments on these settlements.

Client Signature

Co-App Signature

Date

Date

Print Client Name

Print Co-App Name

Social Security Number

Social Security Number

PLEASE RETURN THIS PAGE SIGNED IMMEDIATELY
Fax number 954-656-8115