



AUTHORIZATION TO PULL CREDIT

By signing below, I _____ give authorization to CASTRO LAW PC to pull my credit report. I understand that this private information will be used only for financial evaluation purposes, in conformity with the provisions of the Fair Credit Reporting Act. It will be treated as highly confidential, kept extremely secure and will not be shared with any outside parties.

Signature

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

- Pay by check (please attach check for \$50.00 payable to CASTRO LAW PC)
- Pay in person with credit/debit card (please call to arrange appointment)
- Authorize credit card payment (complete information below)

By signing below, I hereby authorize CASTRO LAW PC to charge the credit card provided below in the amount of \$50.00 (fifty dollars) for my credit report. I am the authorized credit card holder and have the authority to authorize this charge.

Name as it appears on the card: _____

Billing Address: _____

Card Number

Expiration Date

Security Code

Signature