

Freedom Financial Debt Evaluation & Authorization Form

Thank you for considering Freedom Debt Relief ("FDR"). In order to assess your financial situation and determine your potential for FDR to reduce your debt, we need to know specific information about you and your current situation. Please provide the information below to help us determine your monthly payment.

Client		
First:	M:	Last:
Address:		
City:	State:	Zip:
Social Security - -	If home owner, estimate equity: \$	

Co-Client		
First:	M:	Last:
Address:		
City:	State:	Zip:
Social Security: - -	If home owner, estimate equity: \$	

As a part of the enrollment process, Freedom Debt Relief will order a copy of a consumer report, prepared by a consumer reporting agency, to verify outstanding credit balances, current credit status, and other credit information. It is understood that signing this form constitutes written authorization to seek a consumer credit report from a consumer reporting agency. By granting this authorization, you are expressly releasing Freedom Debt Relief from any and all claims or liability relating to the report or its actions in obtaining such; and agree that you have read and understand its privacy policy, program agreement and related disclosures. Our privacy policy can be viewed online at : http://www.freedomdebtrelief.com/privacy_policy.html

I acknowledge that I have received a copy of the above notice, and that I authorize a copy of my credit report to be released to Freedom Debt Relief.

Client Signature: _____ Co Client Signature: _____