

The Thomas Agency

CONSENT TO CONTACT THIRD PARTY ABOUT MY ACCOUNT(S)

I presently have an outstanding balance due to one or more creditors for which The Thomas Agency is collecting. I authorize the Thomas Agency to contact the businesses and individuals listed below to gather or provide information about me and my outstanding balance(s) for the following account number(s) _____

_____.

On the Line Above Print Name of Business, Name of the Person to Contact and That Person's Phone and Fax Number

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This consent will remain in effect for 12 months from the date I sign this Consent Below.

Date

Sign Your Name on the Line Above

Print Your Name and Phone Number on the Line Above