



## Credit Risk Management

### Third Party Authorization

#### Part A – Consumer Identification

Consumer's last name or legal name of business/organization (including trade name if applicable)

Consumer's first name and initials (individuals only)

Account #

#### Verification Information

Date of Birth:

SIN:

#### Consumer's mailing address

Street address

City

Province/State

Country

Postal/Zip Code

Telephone Number

Legal/Civic address if different than mailing address

Contact Person

Title

Telephone Number

#### Part B – Alternative Contact Information

Alternative Contact Numbers

#### Preferred Contact Times

From

To

Alternate Number:

Business Number:

Name of business contact:

Cell Number:

Other:

#### Part C – Third Party Representative Identification

Contact Person

Telephone Number

#### Verification Information

Date of Birth:

SIN:

#### Contact Person's mailing address

Street address

City

Province/State

Country

Postal/Zip Code

Telephone Number

Legal/Civic address if different than mailing address

#### Authorization

I authorize Credit Risk Management Canada Ltd. and its agents to discuss, correspond, disclose, and release any and all information pertaining to the aforementioned accounts and discuss relevant matters pertaining to me with the third party identified above.

This authorization is effective as of the date indicated below and is to remain in effect until I provide written direction to cancel the authority granted by this document.

Name:

Signature:

Date:

By checking this box and clicking "Submit", I acknowledge that I am offering a digital signature and that I assume any liability to the above-mentioned account and document and that all information herein is correct and complete.