

CIN Account Number: _____
Account Name: _____

CONSUMER AUTHORIZATION AND RELEASE

I / We hereby authorize Credit Infonet, Inc. doing business as CIN Legal Data Services ("CIN") to obtain my consumer report/credit information (hereinafter referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, TransUnion) and provide a copy of the Report to my attorney, **GRAINGER LEGAL SERVICES, LLC** (Attorney") for Attorney to perform due diligence and verification pursuant to the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. § 1681b (a) (2).

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Date: _____

Primary Applicant Name: _____

Primary Applicant SSN: _____

Primary Applicant Signature: _____

Co-Applicant Name: _____

Co-Applicant SSN: _____

Co-Applicant Signature: _____

***Please copy a photo ID for both the Primary Applicant and Co-Applicant in the space above. Fax completed form to CIN at 800-803-3307**