

H & S PARTNERSHIP, LLP

Authorization to Release Information

To whom it may concern:

1. I/We authorize you to provide to **H & S PARTNERSHIP, LLP**, and its agents, any and all information and documentation that they request. This information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
2. A copy of this authorization may be accepted as an original.
3. This gives authority to the above mentioned company to act on behalf of the client(s) in negotiating with the requested creditors if needed to reduce the said parties debts.

Full name _____

Address _____

City & State, zip _____

Applicant's Signature/ Borrower/ Creditor

Social Security #

Applicant's Signature/ Borrower/ Creditor

Social Security #