

Third Party Disclosure Consent Form



Dear Sir or Madam:

The following, once completed and returned, enables ARO Inc. to discuss your account with the individual(s) mentioned below.

Creditor: _____

Account Number: _____

ARO File Number: _____

I, _____, authorize the release of all information pertaining to my account referenced above, to the person(s) named below.

1 _____
Surname Given name and Initial(s) Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or unity#, City, Province, Postal Code, Country

2 _____
Surname Given name and Initial(s) Telephone

Relationship to debtor (for example: Spouse, Mother, Brother, Friend)

Address: Street Number and Name, Apartment or unity#, City, Province, Postal Code, Country

Full Name (Print) Signature Date

Address: Street Number and Name, Apartment or unity#, City, Province, Postal Code, Country

***The authorization when completed is valid when transmitted Via facsimile or sent by mail or courier.**