

ARO Inc.
3027 Harvester Rd., Suite 304
Burlington, Ontario, L7N 3G7
Phone: 1-866-427-3655
Fax: 1-866-368-2318



FULL NAME: _____

ADDRESS: _____

DEBT: _____

ACCOUNT #: _____

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

My name is _____, my date of birth is _____, and the first six digits of my social insurance number is _____. I authorize the release of all information pertaining to my account to the person(s) named below.

_____	_____	_____
Surname	Name	Telephone

Relationship to debtor (for example: Mother, Father, Friend)

Address 1

Address 2

Address 3

Address 4

_____	_____
Signature	Date

Please return the completed form to ARO Inc. via fax at 1-866-368-2318 or via email to Toronto@aro.ca.

Montréal-QC: 6235 Rue St-Hubert, Montréal, QC, H2S 2L9	Tel:1-877-322-1414	Fax:1-877-222-1784
Markham-ON: 700 - 7030 Woodbine Ave., Markham, ON L3R 6G2	Tel:1-877-789-1001	Fax:1-866-667-5051
Kelowna, BC: 207 - 1835 Gordon Dr., Kelowna, BC V1Y 3H5	Tel:1-877-250-7070	Fax:1-866-452-4111