

AUTHORIZATION TO FAX, EMAIL and/or COMMUNICATE WITH THIRD PARTY

This Consent is signed and agreed to by the following named person. It gives authorization to Paid In Full, Inc. ("PIF") and/or its agents authorization to communicate with me and/or the third party(ies) named below via telephone, mail, fax and/or email as indicated below.

Please complete the following information and email it to info@pifaz.com.

PIF File # (required) _____ 4-6 digit # found in the box on all PIF letters. You may call our office at 623-299-9520 for the File #.

PIF Client Name / Your Creditor _____

First Name (required) : _____ Last Name (required) _____

Last 2 Digits of SSN (required) _____ Year of Birth (required) _____

Main Phone Number (required) (_____) _____ Work Phone Number (_____) _____

Mobile/Cellular Phone Number (_____) _____ Alt Phone Number (_____) _____

Fax Number (_____) _____ Email Address _____

AUTHORIZATION TO FAX: By authorizing fax communications, you are consenting to receive electronic communications from PIF and/or its agents to the fax number you have provided and/or to the third party(ies) whose name(s) is indicated below. You further give your consent for PIF to contact you and/or the third party(ies) whose name(s) is indicated below via fax in order to communicate information pertaining to PIF's attempt to collect the debt. You understand fax communications may be viewed by unauthorized third parties and are not secure. PIF and its agents assume no liability for fax communications received and/or viewed by any unauthorized third party. You also understand and acknowledge that by providing an employer or shared fax number, faxes to or from PIF or its agents may be accessed by others with access to the fax.

AUTHORIZATION TO EMAIL: By authorizing to email communications, you are consenting to receive electronic communications from PIF and/or its agents to the email address you have provided and/or to the third party(ies) whose name(s) is indicated below. Those communications may include emailed attachments. You further give your consent for PIF and/or its agents to contact you and/or the third party(ies) whose name(s) is indicated below via email in order to communicate information pertaining to PIF's attempt to collect the debt. You understand emailed communications and any attachments thereto may be viewed by unauthorized third parties and are not secure. PIF and its agents assume no liability for email communications received and/or viewed by any unauthorized third party. You also understand and acknowledge that by providing an employer or shared email account, emails to or from PIF or its agents may be accessed by others with access to your email account.

AUTHORIZATION TO COMMUNICATE WITH THIRD PARTY(IES): By authorizing PIF to communicate with third party(ies), you are consenting to PIF and/or its agents communicating, obtaining, sharing, releasing, discussing and otherwise providing to and with each other public and non-public personal information with the third party(ies) named below regarding your debt placed with PIF. This may be done via telephone, fax, mail or email (see above Authorizations). PIF and/or its agents have no responsibility regarding what the third party(ies) do with such information.

- 1) _____ 2) _____
- 3) _____ 4) _____

GENERAL TERMS AND CONDITIONS: By signing this Authorization, you consent to us, our clients and agents using any and all information, including cellular telephone numbers, fax numbers and email addresses, for the purpose of contacting you regarding this and any subsequent debt placed by any client. You understand that this contact may result in charges to you and include the use of text messages, automated dialing machines or other telephone technology, including the use of live, pre-recorded or artificial voice messages.

WITHDRAWING CONSENT: You may withdraw your consent by sending a written request to Paid In Full, Inc. specifying which authorization you are withdrawing. Your consent withdrawal must be sent in writing to PO Box 43228; Phoenix, AZ 85080. Paid In Full, Inc. will consider your consent withdrawn within five (5) business days of its receiving the written request.

SIGNATURE

DATE

**THIS IS A COMMUNICATION FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT
AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**