



CREDIT AUTHORIZATION STATEMENT

Questions? 1-800-352-9676

Name of Law Firm _____ Telephone _____
 Street Address _____ Fax _____
 Suite _____ Email _____
 City, State Zip _____

Name of Applicant _____ Soc. Sec. No. _____
 Home Address _____ Date of Birth _____
 City, State Zip _____

This form authorizes the procurement of a consumer report (credit report) by Blue Ocean Partners LLC, d/b/a Plaintiff Support Services.

In connection with this request, I authorize all credit agencies to release information they may have about the individual listed above, to the person or company with which this statement has been filed, or their agents, Fidelfacts Metropolitan New York, Inc. & Kroll Factual Data.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I understand that I have the right to request additional disclosure as to the nature and scope of the credit review, upon written request, within a reasonable period of time.

Plaintiff Support Services, Inc. may rely upon the information contained in this application the attachments in all respects.

Signature _____

Date _____

Name (please print) _____