

AUTHORIZATION FORM

I, _____, authorize VIDMAR & HARDESTY, LTD. to contact me through the following methods regarding any and all information pertaining to and relating to my debt owed to _____.

Email: _____

Fax: _____

Work Phone: _____

I do do not authorize you to

leave a voicemail at this number.

Cell Phone: _____

I do do not authorize you to

leave a voicemail at this number.

Home Phone: _____

I do do not authorize you to

leave a voicemail at this number.

Other: _____

Signature: _____

Date: _____

*** Please write all information clearly.**

Please return completed form by fax at (614) 543-1306, or by mail to Vidmar & Hardesty, Ltd., 1971 West 5th Avenue, Suite 4, Columbus, Ohio 43212. You may also scan and email this completed form to collections@vidmarlaw.com.

NOTICE – THIS LAW FIRM IS ATTEMPTING TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. WE ARE DEBT COLLECTORS.