

# 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.

I \_\_\_\_\_ authorize you to speak with \_\_\_\_\_ regarding this debt.

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 5<sup>th</sup> Avenue, Suite 4, Columbus, Ohio 43212. You may also scan and email this completed form to [collections@vidmarlaw.com](mailto: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.**