



Permission to obtain your credit information

I, _____ (ID number _____) authorize **Loans Acceptable** to obtain my complete credit profiles from **Compuscan, Experian, TransUnion** and **XDS**; to pass my credit information to **Loans Acceptable** and an attorney on the **Loans Acceptable** Attorney Panel so that they can provide me with a free quote to clear my credit record (only if there is negative information); to store my credit record and account information on **Loans Acceptable** confidential database for **30 days** from the date on which **Loans Acceptable** receives it; and to store only the information related to my Action Plan for a total of **6 months** from receipt of my purchased report.

Your Personal information

Name and Surname _____

Cell number _____

Email Address _____

Signature _____

Date _____

Document Destination:

Monica Gaus	Office number :087 654 5338	<u>E-Mail: products12@loansacceptable.co.za</u>
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