



LM FINANCIAL

Attn: _____

Account/Ref#: _____

Sent via fax to: _____

LM Financial Services Inc. collects personal information, including your name, address, telephone number, Social Insurance number, income and other financial information, banking, vehicle, and reference information to confirm your identity and qualify you for the services for which you have applied. With your authorization, LM Financial Services Inc. may share this information with third party collection agencies to whom you are indebted to assist in the collection or negotiation of bad debts.

By completing this form, you acknowledge that you authorize LM Financial Services Inc. to discuss these accounts with these third party collection agencies and to send and receive information on your behalf.

Applicant Name: _____

Applicant's Signature: _____

Co-Applicant Name: _____

Co-Applicant's Signature: _____

Date: _____