

Golden State Debt Management

23844 Hawthorne Blvd. Suite 100

Torrance, CA 90505

Tel: 866-624-4690

Fax: 310-375-1287



Name: _____

Co-Applicant: _____

DOB: _____

SSN: _____

Address: _____

I _____, hereby authorize Golden State Debt Management to obtain a copy of my credit report and credit score. This is for the sole purpose of reviewing my report to enroll in a debt management program. I understand my consumer credit file will not be resold or shared with anyone.