

CONTACT INFORMATION REQUEST FORM



Account/File Number: _____ **Date:** _____

CUSTOMER 1		
Customer's Name:		
Home Phone Number with Area Code:		
Cell or Work Number with Area Code:		
E-mail Address		
Current Mailing Address		
City	State	Zip code
Best Time to Call		

CUSTOMER 2		
Customer 2's Name:		
Home Phone Number with Area Code:		
Cell or Work Number with Area Code:		
E-mail Address		
Current Mailing Address		
City	State	Zip code
Best Time to Call		

AUTHORIZED THIRD PARTY*	
Authorized Party Name:	Contact Number:

**If you have previously submitted a third party authorization for any persons and the authorization was approved, please provide current contact information for the authorized third party above. If you would like to authorize a third party to your account/file, please contact a Customer Solutions Professional and a form will be sent to you.*

By providing this information, you agree that Real Time Resolutions, Inc. may contact you via e-mail or cell phone, regarding your loan. Also, you agree that RTR may furnish electronic notices, including billing statements, via the e-mail address provided.

Sign Here:

Customer Signature _____

Date ____/____/____

Customer 2 Signature _____

Date ____/____/____

Send this completed form to:

★ Email: repsupport@rtresolutions.com

★ Fax: (214) 452-0532

★ Mail: P.O. Box 36655, Dallas, TX 75235