

TRUSTEE AUTHORIZATION FORM

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND INTENDED ONLY FOR THE PARTY TO WHOM IT IS ADDRESSED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE CALL THE NUMBER BELOW.

APPLICANT: Please complete this portion and fax it to your Trustee or Credit Counsellor

I, _____ (applicant name) hereby authorize _____
(trustee or counsellor name) to release any of my personal information, including payment history, to Capital Trust Financial for the purposes of financing or leasing a motor vehicle. Thank you in advance for your cooperation.

Applicant Signature

Date

Trustee Office Name & City

Phone Number

Fax Number

TRUSTEE OR CREDIT COUNSELLOR: Please complete the following and fax to Capital Trust Financial at 1-888-239-6450 or call us at 1-855-346-5626

The date that the bankruptcy, proposal, or credit counselling was filed: _____

The date that the program was (or will be) completed: _____

Has the client(s) been bankrupt before? _____ If yes, when? _____

How many payments have been made to date: _____

If it's joint filing, does the monthly payment pertain to each or is it a total for both? _____

Specify any problems with payments (late payments, NSF's or missed payments)? _____

If the bankruptcy was longer than 9 months, please state the reason (fees, paperwork, surplus income, surplus assets, counselling sessions, second bankruptcy, etc.) and the type of discharge they received:

Which secured creditors are the client(s) continuing to pay to outside of the program and what are they secured on? _____

FOR CREDIT COUNSELLING AND OPD ONLY: Can the client(s) incur further debt for a vehicle? _____

Which creditors were excluded from the program? _____

Completed by _____
(Please Print Name)

Signature: _____

Date: _____