

Please complete this reference / electronic communications approval Sheet. Please make sure to complete all five (5) references. Do not include individuals from the same household or with the same phone number. Please make sure that this form is legible. Thank you.

Applica	nt Name \star			
Applica	nt Email \ast			
Applicant Cell Number *				
	Imber (internal use)			
1 *	Name		Phone	
	Address			
	City	State	Zip Code	
	Relationship to Borrower			
2 *	Name		Phone	
	Address			
	City	State	Zip Code	
	Relationship to Borrower			
3 *	Name		Phone	
	Address			
	City	State	Zip Code	
	Relationship to Borrower			
4 *	Name		Phone	
	Address			
	City	State	Zip Code	
	Relationship to Borrower			
5 *	Name		Phone	
	Address			
	City	State	Zip Code	
	Relationship to Borrower			

* Notes Required Information

Any information obtained may be used in efforts to collect the debt on which you provided the above references for. Signing this document applicant agrees to receive payment / collection information via text message and/or e-mail, to opt out please call the office @ 508.923.0289 and speak to a customer service representative. Message and data rates may apply

Applicant Signature *

Date