

# CV19 BUSINESS CONSULTANTS LLC

---

## THIRD PARTY AUTHORIZATION AGREEMENT

I, \_\_\_\_\_, (“Borrower”) do hereby authorize, \_\_\_\_\_, to release any and all information about this account to the third party indicated below. I understand that information released by \_\_\_\_\_ may include, but is not limited to, information relating to my personal financial information, including my social security number, date of birth, etc., credit information, loan and payment transactions and/or the provision of copies of my loan documents and/or any other information that my attorney may seek.

### *THIRD PARTY INFORMATION*

***Name:***

***EDUARDO E. DIEPPA III***

***Address:***

*10689 SW 88<sup>th</sup> Street # 314  
Miami, Florida 33176*

***Phone Number:***

***Fax Numbers:***

*Paper Fax:*

*E-fax:*

***Relationship to Borrower***

*Paralegal of BORROWER'S ATTORNEY*

**X**

---

Primary Borrower's Signature / Date  
Social Security #

**X**

---

Co-Borrower's Signature / Date  
Social Security #