



# Prefera Finance

Tel: 1-844-734-3577

Email: [credit@preferafinance.com](mailto:credit@preferafinance.com)

## 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 above.

### Applicant Authorization

Please complete this portion and fax or email to your Trustee or Credit Counselor.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to release any of my personal information, including payment history, to Prefera Finance for the purposes of financing a recreational vehicle/recreational products. Thank you in advance for your cooperation.

|                            |              |                             |
|----------------------------|--------------|-----------------------------|
| _____                      | _____        | _____                       |
| Applicant Signature        | Date         | Prefera Finance Reference # |
| _____                      | _____        | _____                       |
| Trustee Office Name & City | Phone Number | Fax Number                  |

### Trustee or Credit Counselor

**Instructions:** Please complete the following and fax to Prefera Finance at 1-855-978-5440 or call us at 1-844-734-3577.

The date that the bankruptcy, proposal, or credit counseling was filed: \_\_\_\_\_

The date 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? \_\_\_\_\_ Monthly payment amount \$: \_\_\_\_\_

If this is a 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, counseling sessions, second bankruptcy, etc.) and the type of discharge they received: \_\_\_\_\_

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

|                             |           |       |
|-----------------------------|-----------|-------|
| _____                       | _____     | _____ |
| Completed by (please print) | Signature | Date  |