On occasion, the resources of third party vendors are required. These third parties are consulted when either a second opinion on an issue is needed, or to provide guidance on a specialty area.

At Contour Financial a client’s privacy is respected, and no contact will occur without prior permission. Only information that is relevant to the third party’s field of expertise will be revealed. Under no circumstances will personally identifiable information be provided to mailing list vendors or solicitors by Contour Financial.

*This is a Microsoft Word document that can be filled out on your computer. Copy and paste your signature to the bottom. After you and your spouse have completed this form, please email it to* [*Karen@ContourFinancial.com*](mailto:Karen@ContourFinancial.com)*.*

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| --- | --- | --- | --- | --- | --- |
| **Contour Financial has the Authority to Contact These Third Parties on My Behalf:** | | | | | |
| *Company Name:* | *Contact Person:* | | | *Profession:* | |
| *Address:* | | *Phone:* | *Fax:* | | *Email:* |
| *Comments:* | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Company Name:* | *Contact Person:* | | | *Profession:* | |
| *Address:* | | *Phone:* | *Fax:* | | *Email:* |
| *Comments:* | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SIGNATURE**  *Copy and paste your signature for both client and spouse if married:*   |  |  |  | | --- | --- | --- | | *Client’s Signature:*   |  | | --- | |  | | *Date:* | | *Spouse’s Signature:*   |  | | --- | |  | | *Date:* | |