



PACT Atlanta, LLC

465 Winn Way, Suite 221

Decatur, GA 30030

PHONE: 404-292-3810 Fax: 404-292-3848

Authorization for Phone Consultation

Client Name: _____ **Date:** _____

DOB: ____/____/____

I hereby authorize _____ to speak to the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Client Signature: _____

Witness: _____