

**THIRD-PARTY AUTHORIZATION FORM** 

Account Number:	
Customer Name:	
To: GM Financial	
I hereby grant you permission to communicate with and discuss below. I also grant permission and unlimited authority to the thi the account referenced above, including, but not limited to, mak extensions.	rd party named below to make any and all arrangements on
Print third party's name:	
Third party's address:	
Third party's phone number:	
Relationship to Customer:	
Year Make and Model of Vehicle:	
Vehicle Identification Number (VIN):	
License Plate Number:	
Customer:	
Print Name	Signature
Date:	
CM 5: 1.10 1 5 1 1 000 007 0074	5 1 077 000 7000
GM Financial Customer Experience: 1-800-284-2271	Fax: 1-877-999-7088

CNS211004

Email: cxo.resolution@gmfinancial.com

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