



CLAYTON  
FINANCIAL  
SOLUTIONS

You don't have to know someone to help someone.

## Testimonial & Referral Release Form

### Testimonial:

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### Authorization & Release of Information:

I understand the testimonial above made on behalf of Clayton Financial Solution LLC may be used in connection with publicizing & promoting the company and/or a referral of its services. I authorize the company to use my name, brief biographical information combined herein, & the testimonial as defined on this form.

Signature: \_\_\_\_\_

I have read the authorization and release of information & give my consent for use as indicated above.

Name: \_\_\_\_\_ (Printed)

City, State: \_\_\_\_\_

Please submit form to email or P.O. Box provided below.

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