



PRESCREEN OPT-OUT ELECTION FORM

Please complete the entire form and return it to:

*Consumer Office
Aire
1300 I Street NW, Suite 400E,
Washington, District of Columbia, 20005*

Until otherwise notified by me, please exclude any third parties from using my Aire Labs Inc. (Aire) data in connection with unsolicited offers of credit.

Consumer Information:

| | |
|------|--|
| Name | |
|------|--|

| | | |
|----------------|--|-------|
| Street Address | | Apt.# |
|----------------|--|-------|

| | | |
|-------|--------|------|
| City: | State: | ZIP: |
|-------|--------|------|

| | |
|---------------------------|--|
| Home telephone number | |
| Business telephone number | |

Your signature:

Date:

Note: With your signature, the Prescreen opt-out will remain in effect until you notify us otherwise. Without your signature, it will only be in effect for five years.

Aire, 1300 I Street NW, Suite 400E, Washington, District of Columbia, 20005

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