

LET'S DISCUSS CREDIT

# CREDIT REPORT

# Client Questionnaire Form



Name(full):			DOB:	Social Security#
Home Phone:	Cell Phone:	Work Phone:	Email Address:	
Name(2nd person):			DOB:	Social Security #
Home Phone:	Cell Phone:	Work: Phone:	Email Address:	
Current Physical Address(within 2 years):			Current Mailing Address(if lived at physical address less than 2 years):	
<p><i>I have given accurate information above and I give authorized representatives consent to review and obtain or assist to obtaining my personal credit report from any available means Equifax, Trans Union, and Experian, or any third party provider for the purpose of assessing, analyzing and or assisting in the restoration, advising and or repair of my credit.</i></p>				
Signature:			Date	
Signature:(2nd person)			Date	

Name		Initials	
Name		Initials	

Notice of right to cancel: You may cancel this contract, without penalty or obligation, within Five (5) days after the date your enrollment payment is received.