

PERSONAL INFORMATION

DATE: _____

ACCOUNT NUMBER: _ (_____) _

PLEASE PRINT CLEARLY

ANSWER ALL QUESTIONS THEN SIGN AT THE BOTTOM

Last Name		First Name		Middle Name	Former Name/Alias
Spouse OR Significant Other		How Long Together?		Number of Dependents	Ages
Drivers License	Exp.	State	Social Security Number	DOB	
Present Home Address		CITY	STATE	Zip	OWN / RENT HOW LONG?
Previous Home Address		CITY	STATE	Zip	OWN / RENT HOW LONG?
Cell Phone		Home Phone		Work Phone	
E-Mail:			Work E-Mail		
Employment Name			Job Description		GROSS MO. INCOME \$
Employment Address		CITY	STATE	Zip	OTHER INCOME \$
Describe "Other Income" (if any)					

Have you ever used a another Credit Repair Service? YES _____ NO _____

If, YES, which one?

DATE prior service began

DATE prior service ended

Was Service Contract COMPLETED, or CANCELLED?

What Date?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Were you referred to our Service? YES _____ NO _____ ; IF YES, who may we thank?

Comments

BY MY SIGNATURE BELOW, I HEREBY STATE THAT ALL INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY MEMORY. I hereby give permission to Dispute Resolutions, Inc. and to its managing officers to obtain and hold complete copies of my personal credit history from all subject Credit Bureaus, including individual subject Creditors, Public Records, Banking history(s), IRS history(s), and any other documents necessary for the research which the Credit Repair Service will provide should I agree to continue with the program. I agree to cooperate fully with all procedures as they are outlined to me and realize that it is my responsibility to ask questions at any time should I not understand any item or items.

PRINT NAME: _____

SIGNATURE: X _____

DATE: X _____