



Client Intake Form

Personal Information

Name _____

Address _____

Phone Number (____) _____

Email _____

Date of Birth: _____

Married Single Separated Divorced

Social Security #: _____

Enrolled Services (For Internal Use)

Start date _____

End date _____

Enrolled product _____

Deposit Payment _____

Balance Yes No Amt: _____

Initial score/ date _____ / _____

30 day review _____ / _____

60 day review _____ / _____

90 day review _____ / _____

120 day review _____ / _____

Referral (if any)

Name _____

Phone number (____) _____

CLIENT RESPONSIBILITY

It is your responsibility as the consumer to report all information received from the credit bureaus and other companies that are disputed to your representative in order to continue providing your services for the time enrolled. Any delay in information will not extend your enrollment period/ end date. Your credit freeze may only be lifted at the end of your enrollment period and it is your responsibility to store your credit freeze codes in a safe place and can only be removed by you. If new inquiries arise during the enrollment period and/or after your consultation but prior to enrollment, you will be charged an additional \$25 for each additional item that was not included in your consultation to be handled.

Signature of Agreement

Please legibly print and sign your name.

Name _____

Signature _____

Driver License/ ID Number: (ST) _____ # _____ Date _____

Credit Tracker Login(s)

CreditKarma.com

Email: _____

Password: _____

Experian.com

Username: _____

Password: _____

Questionnaire:

• I have accessed my credit report on www.AnnualCreditReport.com within the last 365 days. Yes No

• I have used credit repair services in the past. Yes No

• I have an eviction, bankruptcy, and/ or repossession on my credit report. Yes No

• Do you own real estate? No Yes

• Do you own or lease a vehicle? No Yes:

Yr ____ Make _____ Model _____

DISCLAIMER:

Please initial each section below:

• _____ I agree to the credit freeze that has been explained to me during consultation and will be applied within 30 days of beginning my restoration services.

• _____ I agree to the enrolled services listed and the payment arrangement in place that has been sent via invoice to my correct email address.

• _____ I confirm that my valid email address for invoice submission is listed on this intake form in my personal information.

• _____ I agree that all information provided in my intake form is true and to the best of my knowledge.