

# Credit Restoration Client Preliminary Form

Date: \_\_\_\_\_

(write Yes or No in form)

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Denied credit in last 60 days? \_\_\_\_\_

Email: \_\_\_\_\_ Are You Married? \_\_\_\_\_



<b>List Current Credit Problems, check all if you know.</b>			
Slow Pay? _____	Collections? _____	Charge-Offs? _____	Judgments/Liens? _____
Bankruptcy? _____ ( Chap: 13 or 7 )	Repossessions? _____	Foreclosure? _____	Inquires? _____
Are you caught up on current bills? _____		Do you have a copy of your credit reports? _____	

Credit Bureaus	List Current Score	What are your Credit Goals & Comments
Equifax		
Experian		
TransUnion		

## Revolving Accounts

Credit Card	Balance	Credit Limit	Office Use
<b>Add Total Balance &amp; Limits</b>	\$	\$	

Office Use: \_\_\_\_\_%    Company Name: \_\_\_\_\_