

# Credit Restoration Preliminary Form

Credit Consultant: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Denied Credit (Last 60 days)? \_\_\_\_\_

Email: \_\_\_\_\_ Married? \_\_\_\_\_

Credit Problems/Complaints
Slow Pay? ____ Collections? ____ Charge-Offs? ____ Judgments/Liens? ____
Bankruptcy? ____ ( Chap: 13 or 7 ) Repossession? ____ Foreclosure? ____ Inquires? ____
Is client caught up on current bills? ____ <b>Credit Type:</b> Revol. ____ Install ____ Mortag? ____
Did you check client's credit length? ____ Client's Credit Goals: _____

Credit Bureaus	Current Score
Equifax	
Experian	
TransUnion	

## Revolving Accounts

Utilization Ratio: \_\_\_\_\_ %

Credit Card	Balance	Credit Limit	Ratio
<b>Add Total Balance &amp; Limits</b>	\$	\$	<b>Divide: bal / limit</b>