



**Client Consultation & Information Form**

Account Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By (Name): \_\_\_\_\_ Office Code: \_\_\_\_\_

Company \_\_\_\_\_ Phone#: \_\_\_\_\_

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***PLEASE PRINT CLEARLY***  
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Your First Name \_\_\_\_\_ MI \_\_\_\_\_

Your Last Name \_\_\_\_\_ Jr/Sr \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ County where you live? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Any other previous street names: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail address: (MANDATORY) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

How do you prefer to communicate with your consultant, after the initial phone consultation?

PHONE \_\_\_\_\_ or EMAIL \_\_\_\_\_ (Check One)

**\*\*\*THE FOLLOWING IS INFORMATION NECESSARY TO OBTAIN YOUR CREDIT REPORTS ON YOUR BEHALF. PLEASE FILL IN ALL BLANKS, IF APPLICABLE.**

Do you have a current mortgage, OR one that has been paid off in the past? \_\_\_\_\_

\*What is the lender's name? \_\_\_\_\_

What is the complete account #? \_\_\_\_\_

What is/was the exact monthly payment? \$ \_\_\_\_\_

Do you have any car loans or leases (present or past)? \_\_\_\_\_ (please list below)

\*What is the lender's name? \_\_\_\_\_

Complete account # \_\_\_\_\_

Exact monthly payment \$ \_\_\_\_\_

Car: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

\*What is the lender's name? \_\_\_\_\_

Complete account # \_\_\_\_\_

Exact monthly payment \$ \_\_\_\_\_

Car: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

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**\*\*All clients must provide a credit card for the purchase of all three-credit reports, if we cannot get your Free Annual Reports (\$34.45 for reports and One score).**

**Payment by Credit Card Option: Visa / MasterCard / Discover / AMEX (circle one)**

Name on the Account \_\_\_\_\_  
3 Digit Security Code \_\_\_\_\_  
(on back of card)

Credit Card Number \_\_\_\_\_

4 Digit - AMEX Security Code \_\_\_\_\_  
(on front of card)

Expiration Date \_\_\_\_\_

Billing Address: \_\_\_\_\_ (same as Home)

Billing Address Other: \_\_\_\_\_

**CHECK BY FAX (\$20.00 check fee applies) Please attach a voided copy of the check.**

Bank Name \_\_\_\_\_ City/State \_\_\_\_\_ Check # \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

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**\*\*\* REQUIRED – GET YOUR 3 CREDIT REPORTS & SCORES NOW \*\*\***

**\*\*FREE for 30 days then only \$9.95 per month until we finish – maybe \$30 total\*\***

**Go to CreditKeeper.com - User Name: \_\_\_\_\_ Password: \_\_\_\_\_**

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**FAX TO: (800) 596-6551**

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**(For office use only):**

**EXPERIAN REPORT #: \_\_\_\_\_ USERNAME: \_\_\_\_\_**