

Initial Consultation Client Questionnaire

As part of the Initial Consultation, we ask that you fill in as much of the client questionnaire as you can. The majority of this information will be used to assist us with compiling your credit repair file. Some of the information is so that we know how best to work with you to repair your credit. This information will be kept confidential.

Name: (first)	_____	(Last)	_____
Home Phone:	(____)____-____	Cellular:	(____)____-____
Email:	_____		
Maiden Name:	_____		
Date of Birth: (MM/DD/YYYY)	____/____/____	Social Security #:	____-____-____
Address:	_____		
City, State Zip	_____, _____	_____	_____
Previous Address	_____		
City, State Zip	_____, _____	_____	_____
Credit Karma ID:	_____	Password:	_____
TransUnion ID:	_____	Password:	_____
Experian ID:	_____	Password:	_____
Do you have Student Loans?	Yes _____	No _____	Are they current?
Have you filed bankruptcy in the last 10 years?	Yes _____	No _____	If yes, when? Yes _____ No _____
Which Chapter?	Chapter 7	Chapter 13	Other _____/_____/_____
Are you planning on making a major purchase?	Yes _____	No _____	When? _____