



NEW CLIENT CONTACT SHEET

Your Legal Name: _____ Date of Birth: _____
Current Address: _____ Social Security #: _____
Box or Unit #: _____ Drivers License #: _____
City/ST/Zip: _____ Driver's License State: _____

How can we reach you? *(Please complete all numbers and circle your preferred contact number.)*

Home: _____ Cell: _____ Work: _____

Email: _____ Fax: _____

Previous Address: _____

Please list other names (if any) under which you may have received credit within the last 10 years.

In order to confirm your identity during various phases of your credit restoration, we may be asked the following questions:

Your Mother's Maiden Name _____

City Where You Were Born _____

Your High School Mascot _____

If you belong to a credit watch program, please supply us with your user ID and password:

Credit Watch Program: _____

Website: _____

User ID: _____

Password: _____

While we welcome your phone calls, we realize it is not always convenient for you to make or receive calls during the day, for instance at work. If you prefer to communicate through e-mail but do not have an e-mail address, you can set one up for free at www.yahoo.com or www.hotmail.com. Please notify our office as soon as possible once you have obtained an e-mail address.