



*"We Care About You"*

## Confidential Client Profile

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

Consultant: \_\_\_\_\_

| CLIENT INFORMATION                    | SPOUSE INFORMATION                    |
|---------------------------------------|---------------------------------------|
| First Name:                           | First Name:                           |
| Middle Initial:                       | Middle Initial:                       |
| Last Name:                            | Last Name:                            |
| Social Security no.                   | Social Security no.                   |
| Date of Birth:                        | Date of Birth:                        |
| Address 1:                            | Address 1:                            |
| Address 2:                            | Address 2:                            |
| City:                                 | City:                                 |
| State:                      Zip Code: | State:                      Zip Code: |
| Home Phone:                           | Home Phone:                           |
| Work Phone:                           | Work Phone:                           |
| Cellular Phone:                       | Cellular Phone:                       |
| Employer:                             | Employer:                             |
| Address:                              | Address:                              |
| City:                                 | City:                                 |
| Length of Employment:                 | Length of Employment:                 |
| Job Title:                            | Job Title:                            |
| Income:                               | Income:                               |

| HOW DID YOU HEAR ABOUT CREDI-CARE? |        |                 |        |
|------------------------------------|--------|-----------------|--------|
| BUYING A HOUSE?                    | YES/NO | CAR?            | YES/NO |
| CHECKING ACCOUNT?                  | YES/NO | SAVINGS ACCOUNT | YES/NO |

### I/WE HAVE THE FOLLOWING CREDIT PROBLEMS

|               |                 |                 |
|---------------|-----------------|-----------------|
| ❖ BANKRUPTCY  | ❖ JUDGEMENTS    | ❖ LATE PAYS     |
| ❖ FORECLOSURE | ❖ REPOSSESSIONS | ❖ STUDENT LOANS |
| ❖ TAX LIENS   | ❖ COLLECTIONS   | ❖ CHARGE-OFFS   |

AVERAGE NUMBER OF NEGATIVES: \_\_\_\_\_ TOTAL DEBT: \$ \_\_\_\_\_



**Client Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by and between Credi-Care Inc. (referred to as Credi-Care) and \_\_\_\_\_ (referred to as Client).

**PARTIES AGREE AS FOLLOWING:**

Credi-Care will obtain, review, and analyze copies of the client credit reports.

1. Credi-Care will prepare, send, and sign (in the clients' behalf) all correspondence (all negotiations in settlement or clarification of certain derogatory information that client instructs Credi-Care as being inaccurate).
2. It is understood that some modification(s) will occur within 180 days of the date of this contract. Nevertheless, client(s) is/are advised that same modification(s) may take as long as one year from this contract.
3. [The] Client agrees to timely furnish Credi-Care with the most recent copies of Credit reports, all other correspondence, and other future report deemed necessary.
4. [The] Client will not make application or attempt to obtain credit, until such time as all modifications have been resolved, for a period of one year from the date of this contract has elapsed, whichever event occurs first.
5. [The] Client will not correspond to discuss any matter with a credit reporting agency or Creditor without first discussing such communication with Credi-Care.
6. In the event a payment is not submitted to Credi-Care within 30 days, no further services shall be rendered to client until default in payment is resolved.

|                             |   |
|-----------------------------|---|
| 7. Fee Schedule:            |   |
| A- Total Cost \$ _____      | D- Total # of installments \$ _____   |
| B- Initial Deposit \$ _____ | E- First Installment Due \$ _____   |
| C- Balance \$ _____         | F- Paid in Full <input type="checkbox"/> No Charge <input type="checkbox"/> |

| <u>Payment Due</u> | <u>Amount</u> | <u>Date Paid</u> | <u>Balance</u> | <u>Check</u> | <u>Cash</u> |
|--------------------|---------------|------------------|----------------|--------------|-------------|
| _____              | _____         | _____            | _____          | _____        | _____       |
| _____              | _____         | _____            | _____          | _____        | _____       |
| _____              | _____         | _____            | _____          | _____        | _____       |
| _____              | _____         | _____            | _____          | _____        | _____       |
| _____              | _____         | _____            | _____          | _____        | _____       |
| _____              | _____         | _____            | _____          | _____        | _____       |

|   |                           |             |
|---|---------------------------|-------------|
| _____                                       | _____                     | _____       |
| <b>Client Name</b>                          | <b>Client Signature</b>   | <b>Date</b> |
| _____                                       | _____                     | _____       |
| <b>Spouse's Name</b>                        | <b>Spouse's Signature</b> | <b>Date</b> |
| _____                                       | _____                     | _____       |
| <b>Authorized Credi-Care Inc. Signature</b> | <b>Date</b>               |             |

