



"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: \$ _____