Credi-Care Inc.

Confidential Client Profile

"We Care About You"

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 VOILHEAD ADOUT CREDIC	77.70

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

❖ BANKRUTCY	❖ JUDGEMENTS	LATE PAYS
❖ FORECLOSURE	* REPOSSESSIONS	❖ STUDENT LOANS
❖ TAX LIENS	COLLECTIONS	❖ CHARGE-OFFS

TAT BEET OF THE STATE OF THE ST	AVERAGE NUMBER	OF NEGATIVES:	TOTAL DEBT: \$	
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Credi-Care Inc.

1137 South Orange Avenue Newark NJ 07106 (973) 399-9400 Fax: (973) -375-6404

information on my credit files reported in error. I give them Experian, Equifax, and Trans	dit files on my behalf. I have that I disagree with and belie complete permission to subm Union Credit Bureaus and my re Inc., to dispute all negative	norize Credi-Care Inc. To order my Experia e also authorized Credi-Care Inc., to dispute eve to be inaccurate and misleading or being mit dispute letters or forms on my behalf by Creditors, regarding these accounts. At the information as being incorrect unless I have discorrectly.
Client Signature	Spouse's Signature	Date
on your credit files.	ed on credit file(s) that are be	eing reported correctly and should remain
Creditor		Account#

Credi-Care Inc. 1137 South Orange	Ave., Newark NJ 07106	Tel# 973-39	9-9400 Fax: 973	3-375-6404
Client Name:	Address:			
This agreement entered into this _	day of	, 200_	_ by and betw	ween Credi-Care Inc.
(referred to as Credi-Care) and			(referre	d to as Client).
PARTIES AGREE AS FOLLOWIN	G:			
Credi-Care will obtain, review, and ana		credit reports.		
1. Credi-Care will prepare, send, an				
settlement or clarification of cert	ain derogatory inform	ation that clie	ent instructs Ci	redi-Care as being
inaccurate). 2. It us understood that some modified that some modified in the control of the co	fication(s) will occur y	vithin 180 day	s of the date of	of this contract
Nevertheless, client(s) is/are adv				
contract.				
3. [The] Client agrees to timely furn			nt copies of Cr	redit reports, all other
correspondence, and other future 4. [The] Client will not make applic			ntil such time i	is all modifications
have been resolved, for a period				
occurs first.				
5. [The] Client will not correspond			reporting agen	cy or Creditor
without first discussing such com 6. In the event a payment is not sub			e no further co	ervices shall be
rendered to client until default in		willin 50 day	s, no further s	crytees shan be
7. Fee Schedule:	1 2			
A- Total Cost \$ B- Initial Deposit \$			of installment	
			stallment Due	
C- Balance \$	_	F- Paid in	Full 🗆	No Charge □
Payment Due Amou	nt Date Paid	Balance	Check	Cash
	_			
	-			
Client Name	Client Signature		Date	
			7 <u> </u>	
Spouse's Name	Spouse's Signature	9	Date	
Authorized Credi-	Care Inc. Signature		Date	

Client Name (فُ):

Spouse (☼):

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