

GREGORY AND JACOBS CORP
7733 Forsyth Blvd
Suite 1100
Clayton MO,63105

- ### RESTORATION CHECKLIST
- CREDIT REPORTS
 - CREDIT ANALYSIS
 - DRIVER'S LICENSE
 - SOCIAL SECURITY CARD
 - BILLING STATEMENT

- ### SELECT MEMBERSHIP PLAN
- PRIMARY MEMBER RESTORATION
(\$119.00) + \$159.99/MO
 - ADD-ON MEMBER RESTORATION
(119.00) + \$159.99/MO
- (MONTHLY FEES BEGIN 30 DAYS AFTER INITIAL FEES)

Type the member's full name below

MEMBERSHIP APPLICATION

AGENT NAME: _____

First Name _____ MI _____ Last Name _____

Primary Member Name (if this is an Add-On Member Application) _____

Nickname (goes by - if different) _____ Previous Last Name _____

Alternate Contact Name (List on Service Agreement) _____ Relationship _____

Social Security Number _____ Date of Birth _____

Alternate Mobile Phone _____ Alternate Work Phone _____

() _____ () _____
Mobile Phone Home or Work Phone (circle one)

Email (Check box if same as Primary Member)

CURRENT Address (Check box if same as Primary Member)

City _____ State _____ Zip _____

PREVIOUS Address - If less than 2 yrs (Check box if same as Primary Member)

City _____ State _____ Zip _____

MAILING Address (Check box if same as Primary Member)

City _____ State _____ Zip _____

SHARED INFORMATION: PLEASE PROVIDE THE NAME(S) OF ANY NEW LOAN OFFICERS, REALTORS, OR OTHERS WE ARE TO KEEP INFORMED.

Name: None Firm: _____ Phone: _____

Addr: _____ Email: _____

Name: _____ Firm: _____ Phone: _____

Addr: _____ Email: _____

PAYMENT INFORMATION: I AUTHORIZE Gregory and Jacobs TO CHARGE MY ACCOUNT FOR MEMBERSHIP FEES ACCORDING TO THE PAYMENT SCHEDULE DESCRIBED BELOW ON OR ABOUT THE EFFECTIVE DATE OF THE MEMBERSHIP UNTIL ALL SCHEDULED PAYMENTS HAVE BEEN RECEIVED. **IF PAYMENT IS MADE BY CHECK:** I AUTHORIZE Gregory And Jacobs Corp TO MAKE AN ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT USING THE INFORMATION ON MY CHECK.

X _____
Signature - ACCOUNT HOLDER Date

ACH BANK DRAFT Checking Savings

Account Holder Name: _____

Name of Bank: _____

Institution Transit #: _____

Account Number: _____

PLANNED PAYMENT SCHEDULE

Payment \$ _____ Draft Date _____

Payment \$ _____ Draft Date _____

Mo Pymt \$ _____ Starting On: _____

Number of Monthly Payments Scheduled: _____

CREDIT/DEBIT CARD Account Holder Name: _____
Name (exactly as shown on card) Billing Address of card (if different from above)

Card #: _____ CVC: _____ Exp. Date: _____