Name: _____ Date: _____

Phone: _____ Email: _____

Availability Days M T W TR F SA SU Times: _____

Please complete prior to consultation

Intake Date and Time_____ Representative Name: _____

1. Are you in a financial crisis that will prevent you from paying your bills over the next 6 months?
2. Are you currently in Active Bankruptcy? Yes, or no? ____
3. Do you know your credit scores? Yes, or No? ____
4. List Here: Experian_____ Equifax_____ TransUnion_____
5. What have you done to improve your credit/finances? Please be specific
6. What are your plans once you have reached your credit/finance goals?
7. How soon do you want to achieve your credit/finance goals?
8. What do you feel has kept you from obtaining your credit/finance goals?

9. Are you actively in credit repair? Yes, or no? ____

10. Do you want to repair your credit yourself or would you like someone to do it for you?

11. Do you have a Business? Yes, or no? _____

12. Do you want to start a business? Yes, or no? _____

13. Do you need business credit or funding? Yes, or no? _____

14. Do you need help structuring your business? Yes OR no? ____

15. What questions do you have about our services?