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Building a Better Nation

550 Greens Parkway Suite 160
HOUSTON, TEXAS 77067

Fax Application: (281) 769-6221

Email Application: info@bbnempowerment.com

Toll Free: (800) 299-8736

We are a consumer advocate company with an emphasis on credit education, credit restoration, FCRA and FDCPA violations.

CREDIT EMPOWERMENT

- Bankruptcies
- Repossessions
- Foreclosures
- Garnishments
- Child Support
- Inquiries
- Tax Liens
- Late Payments
- Judgments
- Identity Theft
- Settlements
- Evictions
- Credit Consultations
- Summary Analysis
- Credit Education
- Establishing New Credit
- Cease Collection Calls
- Charge Offs

New Client Checklist

1. Complete, Sign and Date Application
2. Attach a Copy of: a. Drivers License b. Utility Bill c. Social Security Card
3. E-Mail, Fax, or Mail all to get started! Results in 30-45 days from receiving your information!

PRIMARY APPLICANT

FULL NAME		
ADDRESS		
CITY	ST	ZIP
PHONE	CELL	
EMAIL		
CONTACT#	CONTACT#2	
SSN#	DOB	
DL#	EMPLOYER	

CO - APPLICANT

FULL NAME		
ADDRESS		
CITY	ST	ZIP
PHONE	CELL	
EMAIL		
CONTACT#	CONTACT#2	
SSN#	DOB	
DL#	EMPLOYER	

Referral Pricing: _____ \$99.00 Applicant _____ \$150.00 Applicant & Co-Applicant

Payment due monthly: Please choose your payment due date if different from enrollment date.

COMMENTS:

I agree and understand what I am signing and acknowledge that I have read and received a copy of the General terms and Conditions and all of its provisions and attachments by printing or saving this document.

Signature: _____ Date: ____ / ____ / ____

Referred by: _____
(\$25 Referral Fee)

Account Rep: _____



Credit Card Authorization Form

I authorize BBN Empowerment Group / or (authorized BBN Empowerment Group employees) to charge my credit card for services as outlined in my agreement. All Authorization must be made via this form or in any other form of written authorization. I also authorize BBN Empowerment Group or (authorized BBN Empowerment Group employee) to process this credit card for each invoice.

I understand that BBN Empowerment Group will process this credit card each billing cycle. I also understand that until I notify BBN Empowerment Group of any changes, this is the credit card that I want all charges billed to.

Exact Name on Card: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____ CVC _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Signature: _____

Date: _____