

NO CHARGE CREDIT REPAIR

300 Long Beach Boulevard, Unit 702, Long Beach, CA 90802-9991
Phone: 562 283 3636 Fax: 562 372 3255 www.nochargecreditrepair.org

CLIENT APPLICATION AND AGREEMENT

APPLICANT INFORMATION		Circle One: Mr. Ms. Mrs.		PLEASE PRINT CLEARLY	
Last Name		First Name		Middle initial	
Mailing Address				Social Security Number	
City		State		Zip Code	
		Date of Birth		Month Day Year	
Email Address		Fax Number		Work Telephone Number	
				Cellular Phone Number	
REPRESENTATIVE INFORMATION		CREDIT MUST BE OBTAINED FROM THE CREDIT REPORTING AGENCIES			
Representative Name (First Last)		REP ID#		Business Telephone Number	
Email Address					
FOR REP. USE ONLY COST TO CUSTOMER		Fee Amount		Postage Fees	
		\$0.00		Total	
PAYMENT METHOD		<input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> DEBIT <input type="checkbox"/> CHECK/MONEY ORDER			
If Paying by Credit Card, Select One:		If Paying by Check, Select one:		Driver's License Number (or State ID Card #) State	
<input type="checkbox"/> VISA		<input type="checkbox"/> Personal Check			
<input type="checkbox"/> MasterCard		<input type="checkbox"/> Cashier's Check			
<input type="checkbox"/> Discover		<input type="checkbox"/> Money Order			
<input type="checkbox"/> AMEX		<input type="checkbox"/> Company Check			
		Make Checks Payable to: NO CHARGE CREDIT REPAIR			
		**** A \$35.00 HANDLING CHARGE WILL BE ADDED IF YOUR CHECK IS RETURNED. ****			
		Does the address on the photo ID match the Address provided on this Application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Credit Card Number				Expiration Date (MM/YY)	
Billing Address City / State / Zip Code (If different than above)				Name on Card	
Signature of Card Holder		Date			
FOR OFFICE USE ONLY		Amount Paid		Check Number	
		Payment Received By		Information Entered By	
I hereby state that I have read this credit card and I am satisfied that it belongs to the above named person. I assume full responsibility for any transactions that will result in fraudulent disciplinary action up to and including prosecutions.					
The Client may cancel this contract at any time prior to Midnight of the third (3rd) day after it is received by NO CHARGE CREDIT REPAIR. Please see Terms and Conditions for "Notice of Cancellation".					
I hereby enroll as a Client to NO CHARGE CREDIT REPAIR. I also agree to the Terms & Conditions set forth on Client Agreement Page 2 of 2.		I hereby agree as a Representative to assist my customer to immediately send out for their credit card reports.			
Client Signature		Date		Representative Signature Date	
				Received by NO CHARGE CREDIT REPAIR Date	

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