

**ASP Credit Restoration, CORP**

4600 W COMMERCIAL BLVD UNIT 4B \* TAMARAC, FL 33319 FAX : (904) 758-8875 PHONE: 904-774-1004

Credit Karma : Userid \_\_\_\_\_ Password \_\_\_\_\_

Credit Score Equifax: \_\_\_\_\_ Trans Union \_\_\_\_\_ TransUnion \_\_\_\_\_

**APPLICANT INFORMATION**

|                          |           |              |         |
|--------------------------|-----------|--------------|---------|
| First:                   | Last:     | Email:       |         |
| Date of Birth:           | SSN:      | Phone:       |         |
| Driver's License Number: | Exp Date: | State issued |         |
| Marital Status           | Married   | Single       | Divorce |

**ADDRESS INFORMATION**

|  |      |  |       |           |
|--|------|--|-------|-----------|
| <b>Current Address: From:</b> _____ <b>to</b> _____  |      |  |       |           |
|  | City |  | State | Zip Code  |
| <b>Previous address From</b> _____ <b>to</b> _____   |      |  |       |           |
|  | City |  | State | Zip Code  |
| Do you have a copy of your credit report ___yes___no _____ Date of Report _____              |      |  |       |           |
| Why is it important for you to clean your credit _____                                       |      |  |       |           |
| Do you currently rent or own   |      |  | Rent  | Own       |
| Are you planning on buying   | Car  |  | House | Refinance |
| What score are you trying to get to in the next six (6) months _____ 620 ___ 650 ___ 700 ___ |      |  |       |           |

**APPLICANT EMPLOYMENT INFORMATION**

|                   |                           |
|-------------------|---------------------------|
| Current Employer: | Phone:                    |
| Employer Address: |                           |
| Position:         | Salary \$ _____ how long? |

**CREDIT INFORMATION**

| Creditor Name | Type of creditor<br>(Mortgage, credit | Last known balance | Status<br>(current, past due, deffered) |
|---------------|---------------------------------------|--------------------|---|
|               |                                       |                    |   |
|               |                                       |                    |   |
|               |                                       |                    |   |
|               |                                       |                    |   |

**Vehicles**

|       |        |       |  |
|-------|--------|-------|--|
| Make: | Model: | Year: |  |
| Make: | Model: | Year: |  |

**EMERGENCY CONTACT**

|       |        |
|-------|--------|
| Name: | Phone: |
|-------|--------|

**PERSONAL REFERENCES -**

|      |       |              |
|------|-------|--------------|
| Name | Phone | Relationship |
|------|-------|--------------|

I authorize the verification of the information provided on this form - I authorize the company to retrieve credit information from all of my creditors and third parties deemed necessary.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|