ncs700.com National Credit Solutions

(Borrower Name) _____ (Co-Borrower Name) _____

(Borrower Address) _____ (Co-Borrower Address) _____

(Borrower City, State, Zip) _____ (Co-Borrower City, State, Zip) _____

(Borrower Social Security) _____ (Co-Borrower Social Security) _____

(Borrower Date of Birth) _____ (Co-Borrower Date of Birth) _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ FAX: _____

Email Address: _____

Check Single or Joint Consultation: ☐ ***$29 for Single Consultation*** ☐ ***$39 for Joint Consultation***

Check Form of Payment: ☐ ***Payment by Check*** ☐ ***Payment by Credit/Debit Card***

**By placing a checkmark in the above boxes, I hereby authorize National Credit Solutions to debit my checking account or my credit/debit card in the amount of $29.00 (Individual) / $39.00 (Joint).*

For Payment by Check:

Account Name: _____

Bank Name: _____

Routing Number: _____ **Account Number:** _____

For Payment by Credit/Debit Card:

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ (Mo) _____ (Year) **V Code:** _____

IMPORTANT NOTICE: By completing and signing this form, you are hereby authorizing ***National Credit Solutions*** to obtain a Tri-Merge credit report. A Residential Mortgage report is an acceptable substitue. If you have a copy of Tri-Merge credit report, please feel free to forward a copy to your Consultant. ***We cannot furnish a copy of this report to the consumer.*** If you have any questions, please contact your consultant.

(Signature of Borrower) _____ (Signature of Co-Borrower) _____