



Office (214) 329-9772 Fax (800) 832-8573 email - info@creditresurrectiononline.com

WWW.CREDITRESURRECTIONONLINE.COM

Application

For Office Use Only

First Name: \_\_\_\_\_
Middle Initial: \_\_\_\_\_
Last Name: \_\_\_\_\_
Email: \_\_\_\_\_
Street Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_
Zip Code: \_\_\_\_\_
Social Security #: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_

Are you a home owner? \_\_\_Yes \_\_\_No If Yes, for how many years? \_\_\_\_\_

Bankruptcy? [ ] Never / Not in last 7 years [ ] Less than 12 months ago
[ ] 1-2 years ago [ ] 2-5 years ago
[ ] Currently in bankruptcy

Credit Issues? [ ] Tax Liens [ ] Judgements
[ ] Repos [ ] Foreclosures
[ ] Child Support [ ] Student Loans
[ ] Evictions [ ] Charge Offs
[ ] Collections [ ] Medical Bills
[ ] Late Payments

Rate your credit [ ] Poor [ ] Fair
[ ] Good [ ] Excellent

Credit Repair Plan: Payment Option:

I agree that I have read and understand the Agreement and Terms. I authorize Credit Resurrection to obtain information regarding my credit life. I understand that such information will be used solely for credit repair and will be kept confidential.

Signature & Date