



# National Credit Help

Debt Management & Credit Rehabilitation

"The National Debt Elimination & Education Organization"

## Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
D.O.B: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Gender: \_\_\_\_\_  
Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ S.I. N #: \_\_\_\_\_ Home #: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ DL #: \_\_\_\_\_  
Mothers' Maiden Name: \_\_\_\_\_ Own/Rent: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: *(If less than 3 years at current address)*

## Employment Information

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Street Name: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Work Tel: \_\_\_\_\_ Alt #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Length of Employment: \_\_\_\_\_  
Monthly Gross: \_\_\_\_\_ Net: \_\_\_\_\_ Other Income: \_\_\_\_\_

I, the applicant, name herein, authorize National Credit Help to obtain information about me as permitted by law; suppliers of services to use my information with the express purpose to rectify my credit situation and sharing information with my creditors to help resolve my credit situation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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