

CLIENT INFORMATION

Print or Type Clearly

YOUR NAME:			
First	Middle	Last	– Please, NO INITIALS!
SPOUSE'S NAME:			
ADDRESS:			
CITY:	COUNTY: (NOT "country")	STATE:	ZIP:
HOME PHONE:		MOBILE PHONE:	
WORK PHONE:		FAX #:	
EMAIL:		SS #:	
CONSULTANT'S NAME:		CONSULTANT'S PH #:	
CONSULTANT'S EMAIL:			
BIRTHDATE: (eg. dd/mm/yyyy)		AGE:	(circle your gender)
SPOUSE'S BIRTHDATE: (eg. dd/mm/yyyy)		AGE:	M F

Name of all creditors (i.e., Sears Providian, etc.) that you have chosen to discharge – Include the "last 4" digits of account nos:

• • Indicate Applicable Purchases Below • •
Method of Payment: PayPal – payment@PSR-Tech.com
 Certified Check / Money Order

Made Payable to:

CONSULTANT'S NAME:

- ** Please note the client's name on the check
- ** Check/Money Order Number: _____
- ** Bank Name on Check: _____

Apply Payment to – Package (fill in amount)

Debt Term'n: _____ / COURT DOCS: _____
Student Ln: _____ / Crdt Rpr: _____ / UCC: _____

Total Services: _____ \$ _____
Additional Services: _____ \$ _____
Other Additional Services Purchased: \$ _____
TOTAL PAYMENT: \$ _____

Client's Signature

Today's Date