



Credit Repair Application

_____	_____
Client Name	Spouse Name
_____	_____
Address	City State Zip
_____	_____
Previous Address	City State Zip
_____	_____
Date of Birth	Spouse Date of Birth
_____	_____
Social Security Number	Spouse Social Security Number
_____	_____
Current Employer Phone	Spouse Current Employer Phone
_____	_____
Position	Position
_____	_____
Annual Income	Annual Income
_____	_____
Preferred Phone	Preferred Phone
_____	_____
E-mail Address	E-mail Address

How did you hear about Rosewood Credit Services? ___ Search Engine _____ Referral
(Name?) _____ Other (Please specify) _____

The information that you have provided to Rosewood Credit Services, LLC. allows the company to assist you in obtaining your credit report. This form also allows Rosewood Credit Services, LLC. to assist you in disputing any inaccurate information in your credit report.

_____	_____
Client Signature	Spouse Signature
_____	_____
Date	Date

