

Please print this document,
fill it out and fax or mail it to:

636-728-0305

Thank You!

FINANCIAL LITERACY AND CREDIT EDUCATION SERVICES

CLIENT INFORMATION FORM

First Name: _____ Middle: _____ Last Name: _____ Jr/Sr: _____

Current Address _____ City: _____ State: _____ Zip Code: _____

How long have you lived at this address: _____

Previous Address (if any) _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ Cell #: _____

Social Security Number: ____ - ____ - ____ Date of Birth ____ / ____ / ____

E-Mail Address (Mandatory) _____ @ _____ . _____

Mothers Maiden Name: _____

Do you have any current mortgages or one that has been paid off in the past? _____ (please list below)

Name of Bank _____ What is or was your monthly payment? _____

Complete account number: _____

Second or Previous Mortgage ; Name of Bank _____ What is or was your monthly payment? _____

Complete account number: _____

*Do you have any auto loans or leases or any other installment loans? _____ (please list below)

Name of Bank _____ What is or was your monthly payment? _____

Complete account number: _____

Type of automobile you own: Year _____ Make _____ Model _____

Name of Bank: _____ What is or was your monthly payment? _____

Type of automobile you own: Year _____ Make _____ Model _____

Name of Bank: _____ What is or was your monthly payment? _____

How do you prefer to communication with your consultant after the initial phone consultation? By Phone _____ or Email _____ ?

Payment and Membership Selection Page

Premier Program (Platinum Membership) BEST VALUE!!!!

Enrollment Price: \$ _____

Monthly Membership Fee: \$59.95

Membership Duration: 12 Months (contract will renew

Automatically each year unless cancelled)

Program Includes:

*1 Financial Literacy Book

*Monthly Financial Literacy Material for the life of the program enrollment

*Unlimited Access to Certified Credit Counselor

***1 Credit Restoration Program per calendar year....absolutely FREE**

Basic Program (Gold Membership)

Accelerated Program

Enrollment Price: \$ _____

Monthly Membership Fee: \$0.00

Membership Duration: 3 - 6 Months in Duration

Program Includes:

*3 Financial Literacy Books

*Monthly Financial Literacy Material during the duration of the program

*Unlimited Access to Certified Credit Counselor during the duration of the program

***1 Free Credit Restoration Program (only 1-3 rounds of disputes)**

**Both Premier and Basic Programs offer access to Pre-Paid Legal services, Tax Offer in Compromise programs, Student Loan Consolidation Programs, Etc (additional charges may apply)

Select a program below and complete Payment information.

I wish to enroll in the **Premier Program**. Please charge my Credit/Debit account \$ _____ Enrollment Fee on _____ / _____ / _____ and \$59.95 per month.

I wish to enroll in the **Basic Program**. Please charge my Credit/Debit account \$ _____ Enrollment Fee on _____ / _____ / _____

I understand that my initial enrollment fee will be charged by Alliance Lending Group; However any recurring payments will be charged by the service provider, United Debt Counseling.

All clients must provide credit card for the membership enrollment fee. Additional charges will apply for purchase of all three credit reports if we cannot get your Free Annual Report @ \$10/per report, 3 reports = \$30 additional for reports:

Credit Card Information: Circle Type: VISA OR MASTERCARD (If paying by credit card please fax to 954-449-2206)

Name exactly as on card: _____ CREDIT CARD # _____ - _____ - _____ - _____

Name of Bank: _____ Expiration Date: _____ / _____ / _____

Security Number (last three digits on the back of the card) _____

Check Payment: Please make check payable to Alliance Lending Group and mail payment to

Alliance Lending Group, 17050 Baxter Rd, Chesterfield, MO 63006

I understand that I will receive my welcome call and membership package information upon payment confirmation.

Signed: _____ Date: _____