

Items with a * is required. If you need additional space, use A separate piece of paper, indicate the item you are continuing on.

*NAME (COMPLETE LEGAL FIRST, MIDDLE, & LAST NAME):

*ADDRESS 1: _____

ADDRESS 2: _____

*CITY: _____ *STATE: _____ *ZIP : _____

EMAIL ADDRESS: _____

TELEPHONE #S: @Home (EVENING): _____

*@ Work (DAY TIME): _____ FAX: _____

*BEST TIME TO CALL (EST): _____

* DATE OF BIRTH: _____ *SOCIAL SECURITY #: _____

This Information Regarding Military Service IS Not Required, but as a Veteran Advocate Group, NAC-4U, Inc.™, Likes to Maintain Veteran Records (We do not release any information, of any kind, with out your WRITTEN Approval, and then only to the Agencies we work with to resolve your Problems)

BRANCH OF SERVICE: USA USN USMC USAF USCG (Circle one)

DATES OF SERVICE(S): _____

TYPE(S) OF DISCHARGE: HONORABLE OTHER (Circle one) IF LESS THAN HONORABLE DESCRIBE WHY:

*DESCRIBE YOUR CREDIT SITUATION:

*LIST YOUR ACCOUNTS, WITH NAMES OF COMPANIES, ACCOUNT NUMBER, AMOUNT OWED, LAST PAYMENT AND HOW MUCH, WHAT THE MINIMUM THEY REQUIRE & THEIR CUSTOMER CARE TELEPHONE NUMBER: (If you need only the standard credit packet, this information is not required)

*HOW DO YOU WANT US TO ASSIST YOU? (If you need only the standard credit packet, this information is not required)

Signing Below authorizes NAC-4U, Inc. to use your social security Number to assist you in correcting your credit report and act in your Behalf: (check only the items you authorize us to use)

- NAC-4U, Inc. Standard Service
- NAC-4U, Inc. Deluxe Service

What We Do For You:

STANDARD PROVIDES YOU WITH INFORMATION ON HOW TO IMPROVE OR KEEP YOUR CREDIT FROM DISASTER, HOW TO SUCCESSFULLY CHALLENGE YOUR CREDIT REPORTS, AND HOW TO OBTAIN THEM.

DELUXE PROVIDES INFORMATION PACKET ABOVE AND OUR ASSISTANCE IN WRITING AND THE CHALLENGING PORTION OF YOUR CREDIT REPORTS

The Standard Service : \$20.00 + P/H
The Deluxe Service: \$35.00 + P/H
P/H: \$2.50

If you are seeking help and could not find the answer in our credit information sheets, Print this page, fill it out (if not enough room, attached additional sheet) and send it (plus payment) to:

NAC-4U, Inc.™ / Attention: Credit / PO Box: 25058 / Fayetteville, NC 28314-9888

Make Personal Checks or Money Orders Payable to:
James Barlitt, RN
In the memo portion, please write NAC-4U/Credit.

Printed Name

Signature

Date