

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 #: _____

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 DISABILITY, DISEASE OR MEDICAL PROBLEM OR SPECIFIC BENEFIT QUESTION:

*LIST YOU MEDICAL DOCTORS, ADDRESSES, DATE OF LAST VISIT

*HOW DO YOU WANT US TO ASSIST YOU? (Benefits, Disability Assistance or just an explanation)

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)

What We Do For You:

We will assist you in developing a claim for benefits, disability or as you indicated above. We do not charge for Veteran Assistance, however we will gladly accept any donation you feel you can give. We are a for profit Corporation so any donation is NOT a tax benefit or write off.

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

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

For Donations, Please Make Personal Checks or Money Orders Payable to:

James Barlitt, RN

In the memo portion, please write NAC-4U/Vet.

Printed Name

Signature

Date