



CREDIT Coach™
REPAIR. REBUILD. RENEW.

Referral Submission

Referral Source: Name _____
 Company _____ Address _____
 Phone _____ Fax _____ E-mail _____
 Date: _____

Full Legal

Name: _____ Name: _____
 Address: _____
 Social Security # _____ Social Security # _____
 Date of Birth: _____ Date of Birth: _____
 Home Phone: _____ Cell: _____ Cell: _____
 E-mail: _____
 Credit Score: (if known) _____
 What are they doing: Purchase _____ Refinance _____
 Time frame-Looking to close:
 1 to 2 mon. ____ 3 to 4 mon. ____ 6 to 8 mon. ____ 9 to 12 mon. ____
 Notes: _____

Fax: 920-682-9932

E-mail creditcoach@creditcoachwisconsin.com

Please send this completed form, along with tri-merged credit report