

PERFECT850CREDIT, INC.

Attach a clear copy of your Driver's License, Social Security Card and recent Utility Bill to this application when returning.

Credit Sweep Application

NEW CLIENT (First/Last Name)		MOTHER'S MAIDEN NAME	
Physical Address (No P.O. Boxes Please)		City	State Zip
Home Tel. # (Incl. Area Code)	Cellphone # (Incl. Area Code)	Social Security #	
Date of Birth (MO/DY/YR)	Length of Time At Residence (Years Months Days Weeks)	Do You Own, Rent, Live With Family/Other	Rent Amount Each Month
Employer's Name		Your Email Address	
Your Job Position/Title / How Long Employed?		Your Employer's Phone #	
What Are Your Current Fico Scores: Experian _____ TransUnion _____ Equifax _____ Not Sure?			

ADDITIONAL EMPLOYMENT INFORMATION

Are You Self-Employed? _____ YES _____ NO	Position/Title	Additional Income (If Any)	
If YES, provide business name?		\$	
Self-Employed Address (If any)	City	State	Zip

Complete information below if self-employed and interested in a Business Loan for your business.

BUSINESS INFORMATION (Attach your business license or your Articles of Inc.)

BUSINESS NAME	DBA NAME (IF ANY)	STATE OF INCORPORATION	
Business Physical Address (No P.O. Boxes allowed.)	City	State	Zip
Business EIN#:	Business DUNS#:	Business Phone #:	Business Annual Revenue:

List any existing Loans, Credit Cards, and etc.:

Funding Amount Requested: (\$10,000.00 and up to \$1,000,000.00) Attach 4 months most recent bank statements to application.

THREE (3) PERSONAL REFERRALS (\$500-\$1,000 paid to you.)

Referral # 1 (First/Last Name)	Complete Mailing Address and Relationship To Applicant	Referral # 1 Phone #
Referral # 2 (First/Last Name)	Complete Mailing Address and Relationship To Applicant	Referral # 2 Phone #
Referral # 3 (First/Last Name)	Complete Mailing Address and Relationship To Applicant	Referral # 3 Phone #

CERTIFICATION: Applicant certifies and authorizes PERFECT850CREDIT, INC. its assigns, agents, banks or financial institutions to obtain an investigative or consumer credit or business report from a credit bureau or a credit agency to confirm his/her identity, validate the social security data obtained from this application and/or verify the business provided. Applicant agrees to hold the agency harmless for any use of his/her personal information as it relates to the processing of credit deletions or removal of bad credit. **Applicant will be paid \$500-\$1,000 for each personal referral that becomes a paid client.** Applicant confirms that he/she has provided his/her tri-merged credit reports, along with the required downpayment and/or agency processing fee quoted and that he/she is at least 18 years of age or older. Applicant confirms that he/she is not affiliated with law enforcement, The Social Security Administration and/or any credit reporting agency and that the social security number provided belongs to the applicant. _____ (Initials)

Applicant's Signature _____ Date: _____

Note: Price Quote Fee and/or minimum downpayment of 65% of total quoted amount is due with this application if you are not paying in full at our flat rate. If you have not received a quoted price for services, please contact us by email at the email address below for a price quote before submitting this application. All requested documents must be returned with this application in order to be processed when received. If payment **is not** received with application, your application will be refused and not processed. * **NO EXCEPTIONS!** *

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Email your priority mail tracking # to us at: Perfect850Credit@Gmail.com

For fastest processing, send by Express Overnight Priority Mail with tracking.