

WALLIN & KLARICH
A LAW CORPORATION

CLIENT INFO SHEET / CREDIT APPLICATION

CLIENT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent	Monthly payment:	How long?
Email address:	Divers License #:	
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary	Annual income:
Do you receive direct deposit?	How often do you get paid?	Pay dates:
REFERENCES		
Name:		Phone:
SPOUSE OR CO-SIGNER INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent	Monthly payment:	How long?
Email address:		
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary	Annual income:
REFERENCES		
Name:		Phone:
CREDIT CARDS		
Card#	Expiration date:	Avail credit: \$
Card#	Expiration date:	Avail credit: \$
OTHER ASSETS OR SOURCES OF INCOME		
Description:	Value:	
I authorize Wallin & Klarich to verify the information provided on this form as to my credit and employment history. All parties who sign this authorization below hereby authorize Wallin & Klarich to investigate their respective credit backgrounds through credit reporting agencies.		
Signature of client		Date
Signature of spouse or co-signer		Date

HOW WERE YOU REFERRED TO OUR FIRM? _____

WE OFTEN INTERACT WITH OUR CLIENTS ON SOCIAL MEDIA. WHICH OF THESE DO YOU USE?
 ___ Facebook ___ Twitter ___ Google+ ___ Yelp ___ LinkedIn ___ Other:_____