10400 NW 33 Street, Suite 270, Miami, Florida 33172
Phone: (305) 938-8378 | Fax: (305) 938-8379
www.gm-united.com

G&M UNITED
FINANCIAL SERVICES

IMPORTANT INFORMATION

Both Credit Representative and Customer Must Initial and Sign this Form

Please Initial

Customer	Rep		
_____	_____	1.	**G&M UNITED FINANCIAL SERVICES** contract is filled out completely, price has been entered in Rep use only box and is signed and I received a copy. I have no unanswered questions.
_____	_____	2.	Disclosure statement is signed and I received a copy. I have no unanswered questions.
_____	_____	3.	Payment - Cash will not be accepted. I have enclosed payment and fully understand all cost associated with my subscription. Make checks payable to **G&M UNITED FINANCIAL SERVICES** only.
_____	_____	4.	Credit Reports (I understand these documents are necessary for the process to begin, additionally not all merged credit reports will be accepted). Call Experian at 1-800-493-1058; call TransUnion at 1-800-916-8800; and call Equifax at 1-800-685-1111 or visit www.annualcreditreport.com.
_____	_____	5.	To prevent credit inquiries and solicitations against my will, I have been advise to call the free "opt-out" service at: 1-888-567-8688.
_____	_____	6.	Authorization Form - "Limited Power of Attorney" I have signed and returned a copy to **G&M UNITED FINANCIAL SERVICES.**
_____	_____	7.	Copy of driver's license or state 10 with current address. If your driver's license does not match your current address, include a copy of a bill with your current address. I have enclosed a copy of my driver's license, state 10 or bill.
_____	_____	8.	Copy of Social Security card or a document with Social Security Number. I have enclosed a copy of my Social Security Card. If I do not have a Social Security Card, I have enclosed another form of 10 with my Social Security Number.
_____	_____	9.	I understand that without the necessary items above, **G&M UNITED FINANCIAL SERVICES** cannot begin processing my credit reports. I have no unanswered questions and fully understand my Subscription program.

Customer

I have read and completed all of the above listed ite.

_____ _____/_____/_____
Customer Signature Date

Credit Representative

I have explained all items that my client needs before G&M UNITED FINANCIAL SERVICES can start processing.

_____ _____/_____/_____
Credit Representative Signature Date

FOR OFFICE USE ONLY

Missing Items #_____, #_____, #_____, #_____, #_____

Missing Items Requested _____ / _____ / _____

Customer Called _____ / _____ / _____

NOTES

© 2008 G&M United Financial Services