

Form **N1094:**

# New Client Application Form

950112

OMB No. 1545-0029

**FILE NUMBER:** \_\_\_\_\_ (for office use)

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL** \_\_\_\_\_

**PHONE NUMBER:** (        ) \_\_\_\_\_ - \_\_\_\_\_ **CELL NUMBER:** (        ) \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ /19 \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PRIMARY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**SECONDARY ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**REASON FOR APPLYING WITH FIVE STAR MANAGEMENT GROUP:**

( ) Bankruptcy ( ) Collections ( ) Late Pays ( ) Repossessions ( ) Charge Offs ( ) Inquiries ( ) Tax Liens ( ) Judgments

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT DO YOU WANT TO ACCOMPLISH WITH YOUR CREDIT REPAIR:**

( ) Get a Mortgage ( ) Refinance ( ) Buy a Car ( ) Get a Credit Card ( ) Employment

Other (please specify): \_\_\_\_\_

**CREDITCHECKTOTAL.COM INFORMATION:**

**USERNAME:** \_\_\_\_\_ **PASSWORD:** \_\_\_\_\_

**How did you find out about us?** \_\_\_\_\_

By signing below I authorize Provider to review my personal credit profile from a national credit bureau. This authorization includes, but is not limited to, verifying all accounts that are reporting incorrectly on the credit profile. I authorize Provider to dispute inaccuracies reporting on the credit profile.

By signing below, I affirm my identity as the individual listed in the related application and agree to above mentioned terms.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

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