

CREDIT JUSTICE SERVICES, LLC
CLIENT SUBMISSION FORM

(One client per form)

Please Fax to 904-757-0380

Client Name: _____

Client Address: _____

Client SS# _____

Client Phone Number: _____

Client E-Mail Address: _____

Of Trade Lines to Dispute _____

NOTE: MINIMUM PAYMENT IS \$100 OR 1/3RD OF INVOICE WHICHEVER IS GREATER.

PAYMENT TYPE

Debit Card (Visa/MC logo) _____

Discover Card _____

Credit Card (Visa/MC) _____

Amex _____

Other _____

PAYMENT AMOUNT

1ST Payment + **\$50 Processing Fee** _____ 2nd Payment _____ 3rd Payment _____
(one time payment)

Credit Card #: _____

Expiration Date : _____ **Card Verification #:** _____

Name on card: _____

Billing address on card: _____

Certified Credit Consultant Name: The Financial Group LLC

CCC Phone: (904) 683-6056

CCC Fax: 904-826-4109

Email: credit@thefinancialgroupllc.com

***All credit reports must be handled with the strictest confidence and in a locked cabinet if they are not actively being used. ***