

Toll Free: 866-899-9760

Green Tree Financial, Inc. Credit Improvement Application

Client Name: _____
**Spouse Name
(Co-Client):** _____

Client Address: _____

City: _____ **State:** _____ **Zip:** _____

Client Phone: _____ **Optional Phone:** _____

Client Email: _____

Client SSN: _____ **Date of Birth:** _____

Spouse SSN: _____ **Date of Birth:** _____

**Previous Address
(if less than 2
years in current)** _____

By providing the above information, I/we authorize Green Tree Financial to check and initially evaluate my/our credit history to determine whether my/our credit score can be improved through the use of Green Tree Financial services. Subject to and only after Green Tree Financial approves this application, I/we understand that an agreement for Green Tree Financial's services will be forwarded to us. We are under no monetary obligation until we sign an agreement with Green Tree Financial. Likewise, Green Tree Financial is not otherwise obligated to provide any services until an agreement is signed.

By signing below, I/we are only authorizing Green Tree Financial to initially evaluate my/our credit history for approval and acceptance of this application by Green Tree Financial. I/we understand and agree that Green Tree Financial may accept or reject this application in its sole discretion.

Signature

Signature

Referring Company:

Referring Individual:

Tracking #: