



c/o Universal Financial Center
11693 San Vicente Blvd, Suite 394, Los Angeles, CA 90049
Phone: 310.242.8416 | Fax: 310.820.8809
Email: info@universalfinancialcenter.com |
www.universalfinancialcenter.com

CLIENT INFORMATION FORM

Full Name _____
First Middle Last

Address _____
Street Address Apartment/Unit #

City State ZIP Code

Social Security Number _____ **Date of Birth** _____

Cell Phone _____ **Work Phone** _____ **Home Phone** _____

Email Address _____

FORM OF PAYMENT

Money Order/Cashier's Check Visa American Express
 Personal/Company Check * MasterCard Discover

***\$25.00 handling charge for all returned checks; Make checks payable to UNIVERSAL FINANCIAL**

CREDIT CARD INFORMATION

Full Name on card _____
First Middle Last

Address on card _____
Street Address Apartment/Unit #

Card Number _____ **Expiration Date** _____ **CVC Code** _____

Cardholder's Signature _____

I, the undersigned, authorize Financial Fitness to charge the credit account listed above and acknowledge that I have legal authority to enter into this agreement, and I hereby acknowledge this by signing above.

Applicant's Signature _____

Date _____

Please include checks dated as follows:

Client Fee	\$
Processing	\$
Total Payable to UNIVERSAL FINANCIAL	\$