

Agent :



Your name \_\_\_\_\_

Address: \_\_\_\_\_

Your Best Phone # \_\_\_\_\_

City State Zip \_\_\_\_\_

1. **MAKE APPOINTMENT:** To make an appointment to have your Equity Cycling Software set up, **contact your agent** or the home office during normal business hours (MST): [info@equitycycling.com](mailto:info@equitycycling.com), telephone **928.282.1808**. Mention your time zone! (Fax docs to 928 282-4165.)

2. **GATHER INFORMATION:** Gather the following financial information. It doesn't have to be pretty or well-organized! Just start with what you have and we'll adjust it till you're on track and the sailing is smooth!

**Mortgage**

Lender name \_\_\_\_\_

Starting Principal \$ \_\_\_\_\_

Loan Start Date \_\_\_\_\_

Balance today \$ \_\_\_\_\_

Total loan years \_\_\_\_\_

Interest rate \_\_\_\_\_

Monthly payment \$ \_\_\_\_\_

**Debts** (loans including other mortgages)

(1) Creditor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Pmt Amt \_\_\_\_\_

Interest Rate \_\_\_\_\_ Due Date \_\_\_\_\_

(2) Creditor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Pmt Amt \_\_\_\_\_

Interest Rate \_\_\_\_\_ Due Date \_\_\_\_\_

(3) Creditor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Pmt Amt \_\_\_\_\_

Interest Rate \_\_\_\_\_ Due Date \_\_\_\_\_

(4) Creditor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Pmt Amt \_\_\_\_\_

Interest Rate \_\_\_\_\_ Due Date \_\_\_\_\_

**Equity Cycling Pool**

HELOC limit \$ \_\_\_\_\_

Other LOC (type) \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Credit Card \$ \_\_\_\_\_

**Current balance** \_\_\_\_\_

**Interest Rate** \_\_\_\_\_

**Income**

(1) Earner name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency

Day(s) of month \_\_\_\_\_

(2) Earner name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency

Day(s) of month \_\_\_\_\_

(3) Earner name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency

Day(s) of month \_\_\_\_\_

(4) Business, rental and other income  
name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency

Day(s) of month \_\_\_\_\_

(5) Business, rental and other income  
name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency

Day(s) of month \_\_\_\_\_

*Add additional earners or income streams on the back.*

**Expenses (bills)** *If paid by credit card, enter the due date*

*of the card.*

**Household**

	Amount	Day or Date
Groceries		
Home Supplies		
Electricity		
Gas		
Sewer		
Trash		
Water		
Home Repairs		
Maintenance		
Cleaning		
Landscaping		
Cable/Satellite		
Internet		
Telephone		
Association Fees/Dues		
Meals On The Run		
Pocket Money		
Emergency Fund		

**Personal**

	Amount	Day or Date
Clothing		
Hair & Nails		
Care Products		
Cell Phone		
Subscriptions		
Books		

**Health**

	Amount	Day or Date
Gym/Club membership		
Medical insurance		
Life insurance		
Prescriptions		
Medical bills		
Dental		
Vision		
Massage		
Other practitioners		
Supplements		

**Transportation**

	Amount	Day or Date
Vehicle registration		
Vehicle insurance		
Gasoline		
Maintenance		
Auto club		

**Entertainment**

	Amount	Day or Date
Dining out		
Tickets		
Recreation fees		
Vacation fund		
Holiday fund		
Hosting		
Gifts		

**Investments**

401K Balance \$ \_\_\_\_\_

Monthly addition \$ \_\_\_\_\_

IRA Balance \$ \_\_\_\_\_

Monthly addition \$ \_\_\_\_\_

**Miscellaneous**

	Amount	Day or Date
Charitable contributions		
Tuition		
Taxes not deducted		
Emergency fund		
Alimony		
Child support		
Investments		
Legal Fees/Dues		
Accounting Fees		

**Make sure you have an appointment!**  
Time's a'wastin'!

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Mutual Fund \$ \_\_\_\_\_

Monthly addition \$ \_\_\_\_\_

*Include all investments.*

Please acknowledge your acceptance of the terms and conditions below. If you cannot email or fax a signed form, you may request an audio recording of your consent when you call in for your appointment. You will also be asked to agree to an end-user license agreement (EULA) the first time you log in to your account.

**I (we) have read and agree to the conditions in the Liability Statement appearing below.**

Signed by typing

Signature of cosigner

Today's date

Today's date

>> **Please scroll forward, read the legal notice, and submit by email using the EMAIL button below.**

If you cannot email the form, you may fax it to 928 282-4165.

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