

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, 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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