



Referral Lead Form

DSNB Referring Partner Information Section:

*Please be sure to FULLY complete this section to ensure that you receive proper credit.		
Rep. First & Last Name:	Company:	Sales Representative #:
Rep. Phone:	Rep. Fax:	Rep. Email:

Prospect Information:

First name:	Last Name:	Referral Date:
Home Phone:	ALT Phone:	Email:
Address:		
Best Contact Method:		Best Time To Contact:

Comments/Special Handling Instructions:

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Who qualifies?

To best serve your clients who need our services the most, we have three simple criteria that our clients must meet:

1. Client must currently have delinquent debts (generally, most debts over 30-60 days delinquent)
2. Debts must be unsecured (including credit cards, judgments, medical bills, utility bills, repossessions). We do not represent clients on government-related debts (including student loans, tax liens, back taxes, child support, etc.)
3. Total debt balance must be \$5,000 or more

Scan and Email to: info-contact@debtsettlementnetbranch.com

Fax to: 714-398-8803