

TNG SUNRISE SERVICES INC

Brampton, ON, Email: tngservices1@hotmail.com

Assets:	Liabilities:	Balance Owng	Monthly Payments
Value of Home:	Lender Mortgages(s)		
Cash:	On Home:		
Deposit On Purchase:	Personal Loans:		
Other Real Estate Owned:	Other Loans:		
Cars:	Cars Loans:		
RRSPs:	Credit Cards:		
Stocks,Bonds,etc:	Child Support/Alimony:		
Other:			
Total Assets:	Total Liabilities:		

This Information to **TNG SUNRISE INC GROUP** is to consider a mortgage loan and credit check is to best of my/our knowledge and belief a time statement of my/our personal information.

Signature:

Date:



Client Name: _____

Client Address: _____

Client Phone Number: _____

I/We _____ give my/our Permission for (TNG SUNRISE SERVICES) and any of its directors/employees to share My/Our personal and financial information with members of (TNG SUNRISE SERVICES).

I/We understand that the minimum amount of the information necessary will be shared with each team member and this information will ONLY be shared in order to facilitate the establishment and ongoing support of communication with my creditors.

Client Signature

Date

TNG SUNRISE FINANCIAL GROUP

Drampton, ON Email: tngsunrisefinancial@hotmail.com

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Telephone: _____ SIN: _____ Date of Birth: _____
Status: _____
Address: _____ City: _____
Postal Code: _____ How Long: Years _____ Months: _____ Rent Mortgage Payments: _____

EMPLOYMENT INFORMATION

Current Employer: _____
Address: _____
City: _____ Postal Code: _____
Telephone: _____ Occupation: _____
How Long: Years _____ Months: _____ Full Time: _____ Part Time: _____
Annual Salary: _____

EMPLOYMENT INFORMATION

Current Employer: _____
Address: _____
City: _____ Postal Code: _____
Telephone: _____ Occupation: _____
How Long: Years _____ Months: _____ Full Time: _____ Part Time: _____
Annual Salary: _____

Assets:	Liabilities:	Balance Owning	Monthly Payments
Value of Home _____	Lender Mortgage(s) _____	_____	_____
Cash: _____	On Home _____	_____	_____
Deposit _____	Personal Loans: _____	_____	_____
On Purchase _____	_____	_____	_____
Other real _____	Other Loans: _____	_____	_____
Estate owned: _____	_____	_____	_____
Cars: _____	Cars Loans: _____	_____	_____
RRSPs: _____	_____	_____	_____
Stocks, _____	Credit Cards: _____	_____	_____
Bonds, etc: _____	_____	_____	_____
Other _____	Child Sport/ _____	_____	_____
_____	Alimony: _____	_____	_____
_____	Total liabilities: _____	_____	_____
Total Assets: _____			

This information to TNG SUNRISE FINANCIAL GROUP to consider a mortgage loan is to best of my/our knowledge and belief a true statement of my/our personal information.

Signature: _____ Date: _____



Tel: 905-781-5292 | Address: 100 Pertosa Dr, Brampton, ON, L6X 6H9

Email: tngservices1@hotmail.com

What to Bring:

- ☐ 1. Copy of ID and SIN
- ☐ 2. Life Insurance policy(s)
- ☐ 3. Vehicle ownership
- ☐ 4. Pay stubs (most recent) OR Notice of Assessment
- ☐ 5. All credit cards numbers and amount
- ☐ 6. Property information (mortgage statement)
- ☐ 7. Investment information (RRSP, CSB, Stocks, Bonds, RESP etc.)
- ☐ 8. If you are self-employed, business information
- ☐ 9. VOID Cheque or PAD Form
- ☐ 10. Spouse info (D O B, Work Info, Monthly Income)
- ☐ 11. Kids Name & D O B (Under 18)
- ☐ 12. Child Tax Benefit Monthly Amount

TNG SUNRISE SERVICES INC

RETAINER AGREEMENT

This Retainer Agreement is entered into on _____ between

_____ (the "Client"), an ☐ individual ☐ entity whose primary address is

_____, [Address], and TNG SUNRISE SERVICES INC.
(the "Service Provider"), an ☐ individual ☐ entity whose primary address is,

100 PETROSA DRIVE BRAMPTON, ON L6X 0H9 [Address].

1. Scope of Services. The Service Provider shall provide the following legal services and representation to the Client:

2. Advance/Fees. The Client will pay the Service Provider a ☐ refundable ☐ non-refundable retainer advance fee of _____ % (Check one):

\$_____. The retainer fee will reflect.

The Client will pay the invoice after the full amount has been paid, within _____ days.

3. Replenishment of Retainer.

Due to the nature of this relationship, additional funds may be required to fully or continually provide the contracted service(s).

(Check one)

☐ Replenished by the Service Provider. Service Provider may replenish the funds ☐ automatically without Client's consent ☐ only after Client's written consent.

☐ Replenished by the Client. Service Provider will notify Client and Client will remit payment manually.

Any funds replenished by the Company will be drafted from the authorized payment source on file.



4. Term and Termination. The Service Provider's engagement with the Client under this Agreement will be ☐ effective on the date here of ☐ will commence on (check) _____.

Termination (Check one)

☐ After all of the Services are completed. The Parties agree and acknowledge that this Agreement and the Service Provider's engagement with the Client under this Agreement shall terminate upon the completion by the Service Provider of the Services.

☐ At-Will. The Service Provider acknowledges and agrees that the engagement with Client is at will, subject to being terminated at the discretion of Client at any time, ☐ without prior notice.

5. Confidentiality. As required by law and the Rules of Professional Conduct, the Service Provider will maintain the confidentiality of all information obtained while working for the Client. All work done by the Service Provider for the Client is work for hire and all rights belong to the Client. Upon completion of the services, the Service Provider will return all files to the Client, or the Client may opt to have the Service Provider shred all documents.

6. Entire Agreement. This Agreement encompasses the entire agreement between the Client and Service Provider. It avoids all previous discussions, arrangements, and agreements between the parties. Modification of this Agreement is only valid if completed in writing and signed by both parties.

The following signatures attest to the execution of this Agreement as of the date listed above

Service Provider Signature

Service Provider Name

Service Provider
Name

Service Provider Representative
Signature

Service Provider Representative
Name and Title

Client Signature

Client Name



TNG SUNRISE SERVICES INC

Brampton, ON, Email: tngservices1@hotmail.com

PERSONAL INFORMATION:

First Name:

Last Name:

Telephone:

SIN:

Date of Birth:

Status:

Address:

City:

Postal Code:

How Long/Years:

Months:

Rent Mortgage Payments:

EMPLOYMENT INFORMATION:

Current Employer:

Address:

City:

Postal Code:

Telephone:

Occupation:

How Long: Years

Months:

Full Time:

Part Time:

Annual Salary:

EMPLOYMENT INFORMATION:

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Telephone:

Occupation:

How Long: Years

Months:

Full Time:

Part Time:

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TNG SUNRISE SERVICES INC

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