

CPN REGISTRATION FORM

CREDIT PRIVACY/PROFILE NUMBER (SCN)

* Required

1. FULL NAME FOR CPN *

2. Address (NOT associated with your current credit file use/ Family or Friends) If you do not have an address please put YOU PROVIDE with city & state wanted *

3. Phone Number (NOT associated with current credit file) Can use Textnow.com numbers *

4. Date of Birth *

5. Employment you want used for your CPN/SCN can be **self-employed** *

6. Email Address of customer *

7. If Purchasing a **PACKAGE** be **PLEASE SPECIFIC!** *

(PLEASE READ CAREFULLY)

DISCLAIMER: ALL RESPONSIBILITY FOR THE USE OR MISUSE OF THIS INFORMATION LIES ON THE CUSTOMER. THIS INFORMATION IS NOT SHARED TO DEFRAUD OR SCAM PAST, CURRENT, OR FUTURE CREDITORS. EVEN THOUGH YOU CAN SIGNIFICANTLY RAISE YOUR CREDIT SCORE. WE ARE NOT A CREDIT REPAIR COMPANY; WE SIMPLY SHARE INFORMATION AND ASSIST YOU WITH YOUR FUTURE ENDEAVORS. WE ARE SHARING VALUABLE INFORMATION WITHOUT ADVICE AND NOTHING MORE. IT IS A WAY TO PROTECT YOU AGAINST IDENTITY THEFT. AS A CUSTOMER OF **RESTORING MY CREDIT** YOU AUTHORIZE US TO VERIFY INFORMATION AND AUTHORIZE TO VIEW AND RUN PERSONAL CREDIT REPORT.

Exercise caution when applying for new lines of credit. This information is NOT sold as a quick fix for those who want to cheat the system or defraud current or future creditors, but as an alternative. Our goal is to provide excellent service to our customer, however inherent in the service is the potential for abuse. We do not support abuse or manipulation of the CPN number in any manner. Restoring My Credit will report to the appropriate authorities ANY applicant attempting to defraud the credit bureaus or creditors purposely in any manner. The CPN number is an opportunity to protect your government issued Social Security Number and is a privilege that may only be extended once in your lifetime.

Please be advised that a CPN is an alternative 9-digit number to be used for the purpose of keeping your social security number private. This number does not replace your social security number and should not be used for any government purposes such as but not limited to: Military, Child support, DSS, Income/SSI, Taxes, FHA, VA, or any government backed funding.

The ability to use a CPN (credit profile number) derives from certain rights guaranteed to you by the 1974 US privacy act title V. You have the right to keep your Social Security Number private, and not be denied service due to your refusal to release your social security number. The alternate number serves you in that purpose and that purpose only. You are still legally responsible for any transactions or obligations you secure with your CPN.

**IF YOU UNDERSTAND, AND AGREE WITH THE STATEMENT/INFORMATION
PLEASE SIGN BELOW**

Printed Name *

Date *

 - -

Month

Day

Year

Signature *

RESTORING MY CREDIT

Waiver/Release of Liability

This agreement releases **Restoring My Credit** including **Restoring My Credit** and any of their staff, associates and affiliates from all liability relating to any loss what so ever that may result form the undersigned engaging any and all credit solution/credit repair services provided by the company such CPN or Tradelines.

By signing this agreement, I agree to hold **Restoring My Credit** entirely free from any liability, including financial responsibility for losses incurred directly or indirectly regardless of whether such losses are caused by negligence.

I also acknowledge the risks and limitations involved in using Tradelines/CPNs as verbally explained by **Restoring My Credit** staff or associates. I swear that I am participating voluntarily, and that all risk and limitations have been made clear to me. I will make every effort to comply with all procedures, processes and protocols established by Restoring My Credit and communicated to me in writing and as explained to me verbally. I will ask for clarification when needed.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY
WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND
TO OWN SOLELY THE RESULTS

FOR MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. PLEASE UPLOAD DL/ID FOR VERIFICATION PURPOSES. UPLOAD PROOF OF PAYMENT (SCREENSHOT, etc..) FOR FASTER SERVICE

I, * (Please Print)

, fully understand and agree to the above terms.

Please upload DL/ID

(Signature) *

Date *

 - -

Month

Day

Year

Upload payment/screenshot