

SMOY CREDIT REPAIR

www.smoycreditrepair.com

1003 DOVE CREEK DRIVE DUNCANVILLE TEXAS 75116

CLIENT CONSENT TO ACCESS CREDIT INFORMATION

EXPERIAN - TRANS UNION -CSC/EQUIFAX

BOND # FS2716641

DATE _____

CLIENT# _____

REFERRAL SOURCE _____

SINGLE:

JOINT:

CLIENT _____

LAST

FIRST

MI

ADDRESS _____

CITY _____ STATE _____ ZIP _____ SS# _____

DATE OF BIRTH _____ EMPLOYER _____

WK# _____ HOME# _____ CELL# _____

MOTHER'S MAIDEN NAME _____

PREVIOUS ADDRESS _____

CLIENT SIGNATURE _____ DATE _____

JOINT INFORMATION

CO- CLIENT _____

LAST

FIRST

MI

ADDRESS _____

CITY _____ STATE _____ ZIP _____ SS# _____

DATE OF BIRTH _____ EMPLOYER _____

WK# _____ HOME# _____ CELL# _____

MOTHER'S MAIDEN NAME _____

PREVIOUS ADDRESS _____

CO- CLIENT SIGNATURE _____ DATE _____

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FEE SCHEDULE

BASE FEE \$700.00 ANALYSIS \$75.00 JOINT FEE \$1250.00

CASH/CHECK/MONEY ORDER

SERVICE AGREEMENT

1. The initial credit reports are provided for evaluation and basis for improving or repairing credit reports. No reports are pulled after this report is pulled unless for an analysis.
2. All correspondence from credit reporting agencies or creditors shall be delivered within 5 to 7 days after receiving information.
3. Client understands the company guarantee to remove anything that is inaccurate or obsolete.
4. Client understands that it may be necessary to negotiate and settle with some creditors to improve credit.
5. Client gives the company a limited power of attorney.
6. Client agrees to refrain from applying for credit or have credit pulled while this process is in force.
7. Client agrees to refrain from negotiating directly with creditors and contacting the credit bureaus.
8. Client understands this process performance shall terminate after 180 days, unless we are in the process of negotiating. Also, this performance shall be continued up to one year until satisfied after completing all negotiating.
9. Client agrees to hold this company indemnity and hold harmless for any items added after this contract is signed, if so there could be an addition fee.
- 10. NOTICE OF CANCELLATION: You may cancel this contract within 72 hours of date of this contract. Initial to waive 72 hrs _____ . There is no refund after 72 hours.**

CLIENT SIGNATURE _____ DATE _____

CO- CLIENT SIGNATURE _____ DATE _____

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LIMITED POWER OF ATTORNEY

1. I, _____/_____ hereby appoint Shelia Outlaw, its officers, agents, employees, designees as my true and lawful attorney in fact, with full power of substitution to act on my behalf in the following capacity.

2. I hereby designates the authority to communicate and negotiate with my creditors, and to make decisions on my behalf in connection with my accounts, this include signing my name for which this power of attorney is given. The signing of my name on any such documents is as if I would have signed my name personally.

3. I declare by this instrument that any act or thing lawfully done under it by attorney in fact shall be binding. This power of attorney may be filed for record in any appropriate public office.

CLIENT SIGNATURE _____ DATE _____

CO- CLIENT SIGNATURE _____ DATE _____

SHELIA OUTLAW-YOUNG * 1003 DOVE CREEK DRIVE DUNCANVILLE TEXAS 75116
EMAIL: SYOU0641@SBCGLOBAL.NET * OFFICE PHONE: 972-298-4484