

NO CHARGE CREDIT REPAIR

300 Long Beach Boulevard, Unit 702, Long Beach, CA 90802-9991

Phone: 562 283 3636

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www.nochargecreditrepair.org

Checklist for:

Please Initial Each Item
and sign below

- | | | |
|--------|-------|---|
| _____ | _____ | 1. The agreement contract for NO CHARGE CREDIT REPAIR is filled out completely. I have received a copy of the documents to review and have no unanswered questions. |
| Client | Rep | |
| _____ | _____ | 2. I have received and reviewed the terms and conditions form along with the cancellation form and have no unanswered questions. |
| Client | Rep | |
| _____ | _____ | 3. I have enclosed any payment due and fully understand all charges associated with my file. All checks should only be made payable to: NO CHARGE CREDIT REPAIR |
| Client | Rep | |
| _____ | _____ | 4. Credit Reports -- If we do not already have a copy of your credit report, we will instruct to obtain one. (the reports are necessary for the process to begin, additionally not all credit reports will be accepted). If instructed to do so, you can call Experian at (800) 493-1058; TransUnion at (800) 916-8800; and Equifax at (800) 685-1111 or get one online at www.annualcreditreport.com |
| Client | Rep | |
| _____ | _____ | 5. To prevent credit inquiries and solicitations against my will, I have been advised to call the free "opt-out" service at: (888) 567-8688. |
| Client | Rep | |
| _____ | _____ | 6. Authorization Form – Limited Power of Attorney (if applicable)
I have signed and returned a copy to NO CHARGE CREDIT REPAIR |
| Client | Rep | |
| _____ | _____ | 7. I have enclosed a copy of my driver's license, Passport, or state ID and, if necessary, a copy of a recent bill. (If your driver's license does not match your current address, include a copy of a utility bill with your current address.) |
| Client | Rep | |
| _____ | _____ | 8. I have enclosed a copy of my Social Security Card. If I do not have a Social Security Card, I have enclosed another valid form of ID with my Social Security Number. |
| Client | Rep | |
| _____ | _____ | 9. I understand that without the necessary items above, NO CHARGE CREDIT REPAIR cannot begin analyzing my credit reports. I have no unanswered questions and fully understand my request for this credit consultation program. |
| Client | Rep | |

Client

I have read and completed all of the above listed item

Credit Representative

I have explained all items that my client needs to remit before NO CHARGE CREDIT REPAIR can start analyzing my credit.

S i g n a t u r e - Date

S i g n a t u r e - Date

**FOR
OFFICE
USE ONLY**

Missing Items # _____, # _____, # _____, # _____, # _____
Missing Items Requested _____ / _____ / _____
Customer Called _____ / _____ / _____

Notes