

360 Credit Repair

11940 Don Haskins Drive, Suite B EL Paso, Texas 79936, Tel: 888-510-3009

Applicant Last Name:	First Name:	Middle Name:
Social Security:	Date of Birth:	Phone Number:
Current Address:	City, State, Zip:	Email Address:

Co-Applicant's Information		
Applicant Last Name:	First Name:	Middle Name:
Social Security:	Date of Birth:	Phone Number:
Current Address:	City, State, Zip:	Email Address:

<p>SERVICE AGREEMENT FOR AUDITING CREDIT REPORT CREDIT ACCURACY VERIFICATION SERVICE</p> <p><u>Consultant will perform the following services for client:</u></p> <ol style="list-style-type: none"> 1. Originate an audit / Dispute file for each client. 2. Once Credit reports are received we will then analyze and perform a general audit. 3. Prepare disputes for authorized clients against all inaccurate erroneous information on credit reports. 4. Prepare necessary documentation and forward disputes of Inaccuracy to credit bureaus, erroneous and challenging letters to credit bureaus. 	<p>OUR FEES FOR PAYMENTS OR PAID IN FULL :</p> <p>\$599.99 (one time fee ONLY +TAX)</p> <p>Biweekly (startup fee, first payment) 2 Payments (Pay half to start, half in 2 weeks) NO START UP FEE Pay in full (WAIVE START UP FEE)</p> <p>(Payments made after 3 days will be charged a late fee of 29.99)</p> <p>NO REFUNDS</p>	<p>OTHER FEES:</p> <p>Consultation.....\$25.00 Start-Up Fee \$50.00</p>
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<p>FIRST STEP:</p> <p>Reports requested from credit bureaus</p> <p>Equifax..... Experian..... Trans-Union.....</p>	<p>3 DAYS AFTER:</p> <p>Reports are disputed with credit bureaus.</p>	<p>30 DAYS AFTER:</p> <p>First results Re-challenge</p>	<p>60 DAYS LATER AND ON:</p> <p>Second results Re-challenge</p>
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BY SIGNING BELOW, I ACKNOWLEDGE HAVING RECEIVED A COPY OF THIS INFORMATION STATEMENT PRIOR TO EXECUTING AN AGREEMENT FOR ANY CREDIT SERVICES DESCRIBED ABOVE. I HEREBY AUTHORIZE 360 CREDIT REPAIR TO REQUEST AND USE MY CREDIT REPORTS TO IMPROVE MY CREDIT STATUS. I HEREBY UNDERSTAND THAT I MUST SUBMIT THE CREDIT REPORTS IMMEDIATELY TO 360 CREDIT REPAIR UPON RECEIPT. I UNDERSTAND THAT MY PAYMENT COVERS OFFICE EXPENSES FOR SERVICES REQUESTED. I AUTHORIZE 360 CREDIT REPAIR TO ORDER MY CREDIT REPORTS FOR SIX (6) MONTHS. I UNDERSTAND THAT 360 CREDIT REPAIR IS NOT RESPONSIBLE FOR ANY OVERDRAFT FEES THAT OCCURS IN MY BANK ACCOUNT FOR ANY REASON.

_____	Client Name	_____	Client Signature	_____	Social Security
_____	Date				
_____	Client Name	_____	Client Signature	_____	Social Security
_____	Date				

Credit Consultant:	Referred by:
Service Fee Non Refundable Payment	
Total:	Payment: Balance:

NOTICE OF CANCELLATION BY LAW (to be used to cancel this agreement)

You may cancel this contract without any penalty or obligation, at any time prior to midnight of the 3rd. day which begins after the date the contract is signed by you. To cancel this contract Certified mail or deliver, a signed & date copy of this cancellation notice, or any other written notice to 360 Credit Repair.

I hereby cancel this transaction:

Client's Signature

Date