

Credit Repair Authorization & Application Information

This agreement is between,	NAME(last)	(first)	(middle)			
E-Mail Address City State City State City State City State Fax # This agreement is between, hereafter known as client, and East Coast Credit Counselors, Inc. also known hereafter as Coastal Credit Clinic. Coastal Credit Clinic agrees to provide you, the client, the following services upon receipt of signed application and *\$99.00 acquisition fee: 1) Order your personal credit reports from the three major credit-reporting agencies, Equifax, Transunion and Experian. 2) Provide client with "The Consumer Credit File Rights" Document. 3) Provide client with a one on one credit consultation by a credit representative. (You will be assigned your own Coastal Credit Clinic representative, who will personally handle all communications between yourself and the three major credit bureaus.) 4) Process client application and build data file. In consideration of the above services I also agree to pay \$ per month. My agreement with Coastal Credit Clinic can be cancelled without penalty or obligation at any time. Please be aware that this is a multi-month process. From Experience Coastal Credit Clinic recommends at least six months to get the best results. In the event that your credit profile has been successfully cleared of any and or all obsolete information before the sixth month, you may cancel without penalty. During the agreement time, Coastal Credit Clinic will: fully assist in the process of removing incorrect, inaccurate, unverifiable information from your credit report that is not in compliance with the Federal Fair Credit Reporting Act. Be advised that once we begin our disputing process you will receive correspondence from the credit bureau, which must forward us all mailings. (It is the most important part of this process and we must receive everything in a timely manner). Although we make no guarantees, Coastal Credit Clinic will diligently work on your behalf to better your credit score with the three major credit bureaus. Monthly payments are to be made either via credit card, checking	Date Of Birth (month/day/yea	ar)	SSN#	SSN#		
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This agreement is between,	Home Address		Apt / Suite			
This agreement is between,	City		StateZip			
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Clients signature Printed name Date	• 0	and accepted all terms listed a	bove.			
	Clients signature	Printed name	Date			

By law, Coastal Credit Clinic allows you to cancel this contract within three (3) business days from the date you signed the contract.

Please provide the following documentation with this application:

- 1) Legible copy of your driver's license must have current mailing address if not, please provide a copy of a utility bill.
- 2) Legible copy of your social security card



Credit Card Authorization

Type of Credit Card: (e.g. Visa, Master Card, American Express etc.)						
Full Name: (as it appears on the cred	it card)					
Credit Card Number:	Expiration Date:	Security Code on Back				
Complete Mailing Address: (address	s where the statements are sent to)					
	ecking Account Authorizati					
Name of Financial Institution (Bank's	Name):					
Telephone Number of Bank:						
Bank's Routing Number:						
Name on Account:						
Account Number:						
Authorized Signature on Account:						
I authorize Coastal Credit Clinic to pro Clinic, in writing, of any changes in acc returns NSF or account closed, Coasta charged to my account for insufficient to	count information. I further understand al Credit Clinic will stop services important processing the country of	that if payment is not received and/o mediately and there will be a \$30.00				
X Clients signature		Date				



Limited Power of Attorney

I hereby grant a limited power of attorney to Coastal Credit Clinic, and any and all of their staff, who shall have the necessary power and authority to undertake and perform the following on my behalf.

I authorize East Coast Credit Counselors, also known as Coastal Credit Clinic, to obtain my credit report as many times as necessary, prepare, transmit and sign all necessary documents for the purpose of challenging and ascertaining account information of all consumer reporting agencies, but not limited to, credit reporting agencies and creditors.

I also authorize Coastal Credit Clinic, in the event that my payment is not in place at the time of billing to process my payment of \$ via credit card or checking account deduction utilizing Pay-Pal and or any processing system that we employ. X Clients signature Date Name of Witness Signature of Witness_____ Date STATE OF COUNTY OF Sworn and subscribed before me the _____(day), of_____ (month) Or who was/were personally known to me or who presented as identification:

> Notary Public My Commission expires:



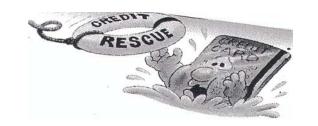
Please Read And Sign This It Is Required That We Inform You Of Your Rights

You have a right to dispute inaccurate information on your credit report by contacting the credit bureau directly. However, neither you nor any "credit repair" company or credit repair organization has the right to have accurate, current, and verifiable information removed from your credit report. The credit bureau must remove accurate, negative information from your report only if it is over 7 years old. Bankruptcy information can be reported for 10 years. You have the right to obtain a copy of your credit report from a credit bureau. You may be charged a reasonable fee. There is no fee, however, if you have been turned down for credit, employment, insurance, or a rental dwelling because of information on your credit report within the preceding 60 days. The credit bureau must provide someone to help you interpret the information in your credit file. You are entitled to receive a free copy of your credit report if you are unemployed and intend to apply for employment in the next 60 days, if you are a recipient of public welfare assistance, or if you have reason to believe that there is inaccurate information in your credit report due to fraud. You have a right to sue a credit repair organization that violates the Credit Repair Organization Act. This law prohibits deceptive practices by credit repair organizations. You have the right to cancel your contract with any credit repair organization for any reason within 3 business days from the date you signed it. Credit bureaus are required to follow reasonable procedures to ensure that the information they report is accurate. However, mistakes may occur. You may, on your own, notify a credit bureau in writing that you dispute the accuracy of information in your credit file. The credit bureau must then reinvestigate and modify or remove inaccurate or incomplete information. The credit bureau may not charge any fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit bureau. If the credit bureau's reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit bureau, to be kept in your file, explaining why you think the record is inaccurate. The credit bureau must include a summary of your statement about disputed information with any report it issues about you. The Federal Trade Commission regulates credit bureaus and credit repair organizations. For more information contact:

The Public Reference Branch Federal Trade Commission Washington, D.C. 20580

Please sign below which shows that you have read and understand the laws regarding credit repair companies and credit bureaus. You must sign and date this and forward a copy to Coastal Credit Clinic for us to legally help you with your credit problems. If joint account both participants must sign and date.

Client Signature: X	Date:
Client Signature: X	Date:



AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS						
East Coast Credit Counselors ES7401						
Customer # (leave blank if not applicable)						
Last Name			First Name			
Address		L				
City			State	Zip		
☐ Checking Account (staple a voided check below) ☐ Savings Account		_	Bank Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Routing Number			
Date of first payment:	Frequency of payment: Monthly on the 15 th Monthly on the 30 th			Amount of ongoing payment:		
/			\$ Amount f last payment (optional): \$			
AGREEMENT I authorize the above company and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature:						