

CARE ENTRÉE—CREDIT RESTORATION APPLICATION

2032 N. Hwy 360, Grand Prairie, Texas 75050
Phone: 972-522-2000 / Fax: 413-638-9579



IMR Name: First, Last, Middle Initial _____ IMR # _____ Business Phone Number _____ E-mail Address _____

Supporting Agent Name: _____ Supporting Agent IMR # _____

NOTICE: All service fees are escrowed within one business day with a federally insured bank.

PAYMENT TERMS

PAYMENT METHOD

Make Check Payable To: **CARE ENTREE**

BANK DRAFT VISA MASTERCARD DISCOVER
CHECK BY FAX

There Will Be A \$25 Handling Fee For Returned Checks

I wish to pay the entire amount of \$439.95 and my payment has been faxed to Care Entrée and/or is attached to this application form.

Card Holder Name _____

Acct # _____ Exp Date _____

Signature _____

CREDIT REPORTS WILL BE OBTAINED BY FINANCIAL RESTORATION SERVICES, INC.

CREDIT ANALYSIS / RESTORATION AGREEMENT--

PLEASE TYPE OR PRINT CLEARLY

Name: Last, First, Middle Initial _____ Social Security Number _____ Date of Birth _____

Mailing Address (include apartment number) - **NO** P.O. Boxes _____ e-mail Address _____

City, State, Zip _____ Home Phone Number _____

Previous Addresses (if less than 2 years at current address). _____

Services to be performed and billing schedule from escrow:

SERVICES	CHARGES UPON COMPLETION	
Order Tri-Merge Credit Report		\$27.00
Financial Restoration Services, Inc., will perform an analysis of all creditor reports and determine those items that will be challenged on behalf of client and the basis upon which these challenges will be made.	Equifax	\$82.59
	Experian	\$82.59
	TransUnion	\$82.59
FRSI will prepare and send initial letters to bureaus challenging those items identified during the analysis. The letters will be sent via the U.S. Postal Service with proof of mailing and via certified mail, return receipt requested.	Equifax	\$20.65
	Experian	\$20.65
	TransUnion	\$20.65
FRSI will prepare a report to client detailing the services performed and items challenged on client's behalf to each of the three credit bureaus, together with recommendations to client as to how to maximize the credit restoration process.	Combined	\$20.63
FRSI will analyze the results of the bureaus response and prepare further letters as necessary to address remaining items. FRSI will prepare a report to client detailing the results for all three bureaus, and the steps it has taken on any un-deleted items.	Equifax	\$20.65
	Experian	\$20.65
	TransUnion	\$20.65
FRSI will analyze the total resulting responses from Equifax, Experian and TransUnion and prepare letters to address any last remaining items. FRSI will report to client detailing the final results and the steps it has taken on client's behalf.	Combined	\$20.65

This agreement is not binding and enforceable until received and accepted by Financial Restoration Services, Inc. at its home offices in Ft. Lauderdale, Florida.

Client agrees:

- To forward un-opened, to Financial Restoration Services, Inc., all correspondence received from credit bureaus or creditors relating to credit report entries. If you do not receive any correspondence in 60 days, notify the Home Office. (Financial Restoration Services, Inc., 1007 N. Federal Hwy., Suite 297, Ft. Lauderdale, Florida 33304)
- Not to contact credit bureaus (Experian, Equifax and TransUnion) for any reason. Not to apply for any type of credit, (i.e., credit card, car loans, or secured financing), during the period of this agreement. To do so will stop the restoration process, as the credit bureaus will declare the restoration request frivolous and refuse to go forward with their investigation
- That the results obtained by Financial Restoration Services, Inc. on behalf of Client are dependent upon numerous factors, including but not limited to, Client's creditors, and credit bureau's ability to verify information provided to them by Financial Restoration Services, Inc., on behalf of Client.
- That Financial Restoration Services, Inc., is authorized to share any information received with Care Entrée and that any liability of Care Entrée and Financial Restoration Services, Inc. is limited to the amount of the fee paid.

I understand and agree to the above stated terms of service and payment. X

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SUBMIT BOTH PAGES OF THIS COMPLETED FORM

Place Driver's License Here
And Photocopy

Place SS Card
Or
Other Form Containing SS#
And Photocopy

Place Utility Bill
Or
Other Proof Of Address Here
If Address On Driver's License Is Not Current.

LIMITED POWER OF ATTORNEY

I do hereby grant a limited power of attorney to Financial Restoration Services, Inc., and any and all persons in their employ for the express purpose of preparing and signing all documents written with the intent of challenging and/or verifying information contained in the files maintained by the following consumer credit reporting bureaus: Equifax, Experian and TransUnion

Client Name (Please Print)

Client Signature

Date

Witness Name (Please Print)

Witness Signature

Date

NOTICE OF CLIENT CANCELLATION

You may cancel this transaction, without penalty or obligation, within five business days from date Agreement is signed. If you cancel, Financial Restoration Services, Inc. will return any payments made by you and any negotiable instrument executed by you within 15 days following receipt of your cancellation notice. Any security interest arising out of the transaction will be cancelled. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice, or send a telegram, to Financial Restoration Services, Inc., 1007 N. Federal Hwy., Suite 297, Ft. Lauderdale, Florida 33304 not later than midnight five business days after date of transaction.

I HEREBY CANCEL THIS TRANSACTION

Name: Last, First, Middle Initial

Social Security Number

Care Entrée Credit Restoration Service

Application Form Instructions

- 1) IMR Name – Print the name of the IMR who makes the sale. If you are an IMR and are purchasing the service for yourself put your name here.
- 2) IMR # – The IMR number for the person described above.
- 3) Business Phone and E-mail Address – Print business phone number and e-mail address of the IMR responsible for the sale here.
- 4) Supporting Agent Name – Print the name of the IMR who assists in making the sale. If you are an IMR and purchased the service without assistance from another IMR in making the purchase decision, put your name here.
- 5) Supporting IMR – The IMR number for the person described above.

NOTE: It is important that all the above be filled out completely to assure that bonuses and commissions are properly assigned.

- 6) **PAYING BY CHECK / PAYING BY CREDIT CARD** sections – Check the box for either the check payment option or the credit card used for payment. Complete information is required to process the form.
- 7) **CREDIT ANALYSIS / RESTORATION AGREEMENT** section – The customer must fill in all information for the process to begin. All information should be printed or typed.
- 8) **Signature line** – The customer must sign at the bottom right corner of the page to indicate agreement to the terms of service and payment.

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- 9) **ID documents** – Photocopy drivers license, social security card (or other form of ID containing the social security number) and paste in space provided. Do NOT send the original cards with application. If the address on the driver's license is not current, place a copy of a utility bill or other proof of address in space provided.
- 10) **LIMITED POWER OF ATTORNEY** – Print the name of the person receiving the service on the first line, followed by the signature and date. A witness (can be the IMR) must also print name, sign and date the agreement. No applications will be processed without a witness' signature.
- 11) **NOTICE OF CLIENT CANCELLATION** – Do not complete this part of the form unless you wish the application to be terminated.
- 12) When you have completed the form, fax both pages to Care Entrée at 1-801-650-1816, along with the check (using the check-by-fax form) if that method of payment was selected. If you are sending in a new member or new IMR application along with the Credit Restoration Service application, please fax all the documents together to our primary processing number, 972-606-9637.

CONSUMER CREDIT FILE RIGHTS UNDER STATE AND FEDERAL LAW

You have a right to dispute inaccurate information in 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 rental dwelling because of information in 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 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, DC 20580.

SIGNATURE

WITNESS

Please return copy with ORIGINAL signature to FRS with application.