

## DETAIL OF THE CREDIT CORRECTION PROCEDURE

**Initial Consultation** – We will obtain the necessary credit reports and go over all the items we will be disputing. We then will prepare the necessary documents for clarification. Upon payment of consultation, the first set of documents will be sent out within 72 hours.

**Approximately Two Weeks After Your Initial Consultation** – Transunion, Equifax, and/or Experian may send a letter to warn you of deceptive credit repair services stating these companies promise to remove accurate, verifiable items, and guarantee things that cannot be done. This is not our service and we have never claimed or implied to remove accurate and verifiable information. Everything done by our company is done by the letter of the law as it pertains to the Fair Credit Reporting Act of 1970.

**Approximately 30 Business Days After Your Initial Consultation** – You will be receiving amended, corrected reports from Transunion, Equifax, and Experian. Anything found to be inaccurate, obsolete, outdated, misleading, or cannot be verified “must be removed.”

When you receive these amended reports, it is imperative that you get them to us either all at once or individually by mail, fax, or meet with your representative personally. At this point, we will review them and repeat the process minus anything that has already been deleted. There is no additional charge for repeating the process of disputing. We will dispute as many rounds necessary in a 6-month period. Results may vary and are expected to be seen in **usually 30-90 days** from initial start-up.

Please know that we are working for you and our only focus is to see the most success possible in changing your credit reports positively. Please feel free to call us anytime with questions or concerns. In addition, you can email us at [www.service@mycreditmedic.com](mailto:www.service@mycreditmedic.com).

My Credit Medic, LLC.  
PO Box 438  
Derby, NY 14047-0438  
Toll Free 800-589-2208 Fax 561-828-8313  
**[www.mycreditmedic.com](http://www.mycreditmedic.com)**



Client Data

**(All Fields Required)**

Date \_\_\_\_\_

Rep Name: \_\_\_\_\_

Referred by: \_\_\_\_\_

**You MUST provide a copy of Driver License, SS card and utility bill (water, phone, etc.) with**

**CURRENT ADDRESS**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Sr \_\_\_\_\_ Jr \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years at address \_\_\_\_\_

Phones: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Best time to contact: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ via e-mail \_\_\_\_\_

**For payment please read!**

Please attach a copy of a voided check to your application package and advise of payment amount to be withdrawn.

**PLEASE NOTE- There is a \$30.00 fee for all Returned Checks! All returned checks must be replaced with cash or cashier's check within 24 hours.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Amount Due: _____	Paid: _____	Method: _____	Balance Due: _____
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## SERVICE AGREEMENT

This Agreement, entered into this \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_ by and between Consultant, whose name and address is listed above and Client, \_\_\_\_\_

Herein after referred to as "Client", agrees as follows:

- Consultant will analyze and investigate his/her personal credit report. The services will include, but not limited to, preparation of correspondence to credit bureaus to request removal of errors, misrepresentations, or unverifiable information, which the Client claims appear on the credit report(s). This is not a debt consolidation or bill payment program. Federal law requires that any unverifiable, outdated, or erroneous information must be removed.
- My Credit Medic, LLC. Credit Correction Service program will be in effect up to 6 months, results are usually completed in 90-120 days, due to certain time constraints imposed by State and federal laws on creditors and credit reporting agencies and agrees to act diligently in providing the services, and not violate with federal or state laws.
- Client agrees **NOT TO APPLY FOR CREDIT** until the completion of this agreement or company is complete before said time.
- Client is aware that all derogatory items after a specific period of time must automatically be removed. **Bankruptcies:** ten years from date, all others seven years from date of last activity.
- Client further to provide the consultant with a copy of all correspondence received by the client as a result of the consultant's efforts and/or processing, **within five (5) days after the date received.** If the Client has not received any credit reports or correspondence (Absence of Contact) from the credit bureaus or any other credit-reporting agency within 60 days after the date of the initial consultation, (Dispute Reporting Period), the Client must notify customer service or representative.
- Client is responsible for all debts owed to creditor, if found to be proven by the creditor.
- "IF YOU, THE BUYER, HAVE BEEN DENIED CREDIT WITHIN THE LAST SIXTY DAYS, YOU MAY OBTAIN A FREE COPY OF THE COMSUMER CREDIT REPORT FORM THE CONSUMER CREDIT REPORTING AGENCY. YOU ALSO HAVE THE RIGHT TO DISPUTE INACCURATE INFORMATION IN A CREDIT REPORT. YOU MAY CANCEL THIS CONTRACT AT ANY TIME BEFORE MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE YOU SIGNED IT."
- For the last 7 years, My Credit Medic, LLC. has fully completed 100% of services we agreed to perform for our customers. Consultant, at his/her discretion, may keep for his/her records all correspondence and material used and produced by him/her.
- Client agrees that this constitutes their entire agreement. Said client agrees to sign the Limited Power of Attorney for the purpose of My Credit Medic to obtain the client's credit reports from all three major Credit Bureaus and dispute any inaccurate or unverifiable information on the client's behalf.
- Consultant will send letters to the credit bureaus by utilizing methods in the **FAIR CREDIT REPORTING AGENCY ACT OF 1970, SECTION 1681.** However, the Consultant does not promise any particular standard of improvement can be attained. This will remain in effect only if you abide by the following:
  1. **Have no checks returned from your bank for any reason.**
  2. **Mail or fax all credit reports, (back and front, all pages) and other credit information promptly.**
  3. **Do not apply for credit while this agreement is in effect.**

**FEE: TOTAL FEE IS \$495.00 FOR AN INDIVIDUAL PERSON. \$895.00 FOR MARRIED COUPLE this sum covers our initial consulting fee (performed over the phone or in person) There are no other hidden charges. Client also understands that services will not resume until bank draft clears or credit card payment is processed. We also reserve the right to cancel a Client if their form of payment is declined. THIS FEE IS PAYABLE WHEN THE FOLLOWING FUNCTIONS ARE TOTALLY COMPLETED.**

1. INITIAL CONSULTATION.
2. INTERPRETATION OF CREDIT REPORTS.
3. PREPARATION OF LETTERS TO BE SENT TO CREDIT BUREAUS.
4. FULL REFUND IF NO IMPROVEMENT IN 90 DAYS

**I confirm the fact that I agree and understand what I am signing, and acknowledge that I have received a copy of the General Terms and Conditions and all of its provisions and attachments. I understand that My Credit Medic, Cannot guarantee the removal of any items or a particular change in the beacon score, due to the fact that, some circumstances may be beyond our control. In addition, My Credit Medic is not responsible for any contact between creditors and the client for uncollected debts.** The client's personal information is kept confidential. My Credit Medic, LLC, does not sell personal information; it is used only for credit restoration purposes and is not shared with any other party for any reason.

**1. Client's Signature** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

\_\_\_\_\_  
Consultant Fee collected: \_\_\_\_\_

*\*A tele-faxed copy of this agreement shall be considered an original\**

## LIMITED POWER OF ATTORNEY

The undersigned hereby gives Power of Attorney to My Credit Medic, LLC. to act as an agent on his/her behalf with regard to the representation of any correspondence addressed to the credit bureaus, and to creditors, in obtaining credit information over the telephone, fax, internet, mail through written or online from credit bureaus, creditors or collection agencies.

If mediation of a debt is necessary, I give My Credit Medic, LLC, its officers, employees and agents the right to discuss information to help resolve a debt. I further authorize My Credit Medic, LLC, their officers, employees, and agents bearing this release or copy thereof within six (6) months of this date to obtain any information in my credit report that may involve medical records and/or credit records. I hereby direct said record holder authorization to release any requested information upon the presentation of this durable Limited Power of Attorney for limited purposes. I hereby release the bearer of this authorization as well as the recipient, including but not limited to, the Custodian of such records, Repository of the Court Records, Credit Bureau (TransUnion, Equifax, Experian), consumer reporting agencies, retail business establishments, lending institutions, student loan agencies (public and/or private), including whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this Authorization to Release Information, or any attempt to comply with it. Should there be any questions as to the validity of this Limited Power of Attorney Release, you may contact me as indicated below.

I have the right to revoke or terminate this Limited Power of Attorney at any time. This Limited Power of Attorney shall terminate six (6) months from the date of execution set forth below. All questions pertaining to validity, interpretation and administration of this Limited Power of Attorney shall be determined in accordance with the laws of the State of Florida. This Limited Power of Attorney is valid throughout the United States and all information set forth in the paragraph above by signatures below. The costs of this service and procedures have been explained to me and I understand that there are no guarantees as to the results. I will not hold My Credit Medic, LLC, responsible for any damages whatsoever, or for any changes to my credit reports, scores or otherwise. I understand that My Credit Medic, LLC will be acting on my behalf and in my best interest to help remove inaccurate or unverifiable information from my credit reports.

*\*\*In accordance with the Federal Trade Commission, Title IV of the Consumer Credit Protection Act (Public Law 90-321, 82 Stat. 164). I hereby acknowledge receipt of the disclosure statement labeled "Consumer Credit File Rights Under State and Federal Law"*

**Note to Customer: You may cancel this Limited Power of Attorney at any time by, submitting a letter stating you no longer give Limited Power of Attorney to our corporate office. This Limited Power of Attorney becomes null and void when your request is received.**

*You may cancel this contract without penalty or obligation at any time before midnight of the 3rd business day after the date on which you signed the contract. See the attached notice of cancellation form for an explanation of this right.*

We are confident that you will be pleased with our services that we offer a **90-day guarantee** for 100% money back if you see no improvement from the time we receive your credits. No questions asked.

\_\_\_\_\_  
Signature Date

Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_



## **CREDIT REPORTING PRACTICES**

### Rights of Consumers under Florida and Federal Law

Under the Federal Fair Credit Reporting Act, you have all of the following legal rights:

You have the right to obtain a copy of your credit report from a Consumer Reporting Agency. You may, be charged a reasonable fee. However, there is no fee if you have been turned down within the preceding sixty days for credit, employment, insurance, or a rental dwelling because of information in your credit report. The Consumer Reporting Agency must provide someone to help you interpret the information in your credit file.

You have the right to dispute inaccurate information by contacting the Consumer Reporting Agency directly. However, neither you nor any Credit Services Organization has the right to have accurate, current, and verifiable information removed from your Consumer Reporting Agency report. The Consumer Reporting Agency must remove inaccurate, negative information from your report only if it is more than seven years old. Bankruptcy information can be reported for ten years. Accurate information cannot be permanently removed from the files of a Consumer Reporting Agency. Credit Reporting Agencies are required to follow reasonable procedures to ensure that creditors report information accurately. However, mistakes may occur.

You may on your own, notify a Consumer Reporting Agency in writing that you dispute accuracy of information in your credit file. The Consumer Reporting Agency must not charge any fee for this service. Any pertinent information and copies of all documents you have concerning any error should be given to the Consumer Reporting Agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send explaining why you think the record is inaccurate. The Consumer Reporting Agency must include your statement about disputed information in any reports it issues about you.

Under Federal law, you have the right to sue a Credit Service Organization that violates the Federal Credit Services Organization Act. This law prohibits deceptive practices by Credit Service Organizations and gives you the right to cancel your contract for any reason within three business days from the date you signed it.

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

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Initial

**Only sign for Cancellation of services!!**

You may cancel this contract, without any penalty or obligation at any time **before midnight of the 3rd day from the date the contract is signed.**

**To cancel this contract**, please **fax or scan and e-mail a signed and dated copy of this cancellation notice**, or any other written notice to:

[www.service@mycreditmedic.com](mailto:www.service@mycreditmedic.com) or you may fax it to (561) 828-8313 before

**Midnight on the 3rd day.**

Thank you.

I hereby cancel this transaction,

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

