

Small Credit Solutions Agreement

- A. This agreement between Small Credit Solutions and the undersigned Client is for the express purpose of credit report repair and debt negotiation. Small Credit Solutions removes errors, misrepresentations or unverifiable information from your credit reports and negotiates debt. By signing this agreement, Client agrees he or she has read and fully understands all terms within this agreement.
- B. Client understands and agrees he or she will be charged for all costs and fees associated with Small Credit Solutions review, typically \$99.00 initial payment and \$79.00 or \$59.00 month fee for the duration of the agreement. The duration of the agreement is between 6 months to 13 months. Small Credit Solutions agrees to perform the review for the stated amount and there are no other additional costs. Client understands that the monthly Small Credit Solutions fee includes the evaluation of all three credit bureaus reports and all correspondence associated with the verification process and general debt negotiation.
- C. Client agrees to send a copy of all correspondence and credit reports to Small Credit Solutions as soon as received. Client must notify Small Credit Solutions if they have not received any credit reports or correspondence from credit reporting agencies within 60 days after the last correspondence. If Client does not forward paperwork as agreed to, Client understands that Small Credit Solutions will not be responsible for any delays in Client's disputes. Client further agrees to communicate with credit reporting agencies and creditors only through Small Credit Solutions' written correspondence during the time that this credit report repair agreement is active and in effect. Client waives any and all rights to receive copies of dispute letters written on Client's behalf.
- D. The duration of this agreement shall be between 6 months to 13 months. If a client decides to cancel Small Credit Solutions service at any time, a written request must be sent to Small Credit Solutions' office. Also, Small Credit Solutions will end the review if we conclude that further work is inappropriate.
- E. Client understands that Small Credit Solutions cannot guarantee the removal of items which are not incomplete, inaccurate, obsolete, unverifiable, misleading or incorrect.
- F. Client understands that Small Credit Solutions is not a legal advisor and neither can they provide legal advice on any matter.
- G. Client understands that Small Credit Solutions is not responsible for any legal actions taken by creditors against the client, during or after our services. Client understands that if any of the required items are not received by Small Credit Solutions, Small Credit Solutions will not be able to proceed with the review until all items are received. Client understands and agrees if the current credit reports are not provided to Small Credit Solutions within 90 days from this signed contract, then Small Credit Solutions will assume the contract has been satisfied and the client's file will be closed without further notice.

H. Small Credit Solutions shall not require or collect first payment prior to processing Client's file, or collect any subsequent payments prior to completing the credit repair review for the previous month for which payment is being collected.

I. Limited Power of Attorney: Small Credit Solutions will draft, sign and send letters to the three major credit reporting agencies on the Client's behalf and in the Client's name. By signing below, Client hereby grants to Small Credit Solutions a limited power of attorney to write, sign and transmit letters and electronic documents to the three major credit bureaus and Client's creditors. This Limited Power of Attorney further authorizes Small Credit Solutions to act as Client's disclosed or undisclosed agent when performing the services described in this agreement. Client may cancel this limited power of attorney at any time by sending a letter notifying Small Credit Solutions of Client's wish to withdraw its grant of limited power of attorney. Client hereby acknowledges that if he or she decides to withdraw this limited power of attorney, Small Credit Solutions will close the Client's file at such time as well. This power of attorney shall remain in full force until due notice in writing of its revocation shall have been given to Small Credit Solutions, or at such time that your contract for service with Small Credit Solutions has been cancelled or completed.

J. Cancellation Policy: Client may cancel this service at any time without penalty. Client understands and agrees that they will only be charged for services rendered prior to the date of cancellation.

K. Guarantee and Refund Policy: Client understands that, by law, Small Credit Solutions cannot guarantee a specific result or outcome for using this service. Client understands that during the review process, it is possible for credit scores to drop temporarily due to activating negative accounts that are being disputed. Small Credit Solutions cannot guarantee any increase in credit score and will not be held responsible for a derogatory change in a Client's credit score. Small Credit Solutions guarantees that if an inaccurate item is deleted from Client's credit report and subsequently reappears, Small Credit Solutions will contact the bureau again and attempt to have that item removed at no charge to the Client.

L. Entire Agreement: This agreement constitutes the entire agreement between Client and Small Credit Solutions and can be modified in writing only.

M. Governing Jurisdiction: This agreement is executed and performed within the District of Columbia which exclusively governs the application and enforcement of this agreement.

N. Notice of Cancellation: You may cancel this contract, without any penalty or obligation, within five (5) days from the date the contract is signed. If you cancel, any payment made by you under this contract will not be returned by Small Credit Solutions, for example, the \$99.00 set-up fee is nonrefundable. To cancel this contract, mail a signed written notice to Small Credit Solutions at 1627 K Street NW, Suite 300, Washington, D.C. 20006.

O. Form of Payment: Small Credit Solutions accepts a \$79.00 or \$59.00 monthly fee by automatic payment via ACH withdrawal from a Client's bank account. Also, Small Credit

Solutions charges \$39.00 on a per item basis. This is another mode of billing in order to streamline the payment process and keep expenses and fees as low as possible.

_____ Deluxe Package (\$79.00 per month) all-inclusive services.

_____ Economy Package (\$59.00 per month) 2 items per month.

_____ Basic Package (\$39.00 per item) charged per item removed.

P. Client understands that you must mail all paperwork received from the three major credit bureaus or creditors listed on your credit report to Small Credit Solutions as soon as you receive it. Do not send us your only copy or originals. Small Credit Solutions will not be responsible for delays if you do not forward paperwork in a timely manner. Initials _____

Q. Client understands throughout the program you may receive standard form letters from the three major credit bureaus telling you that you do not have to use a credit repair company, that you should know your rights. These are standard letters and you should not be alarmed. Simply make a copy and keep the original for your records. Then mail the copied letters to Small Credit Solutions as outlined above. Initials _____

R. Client understands Small Credit Solutions does not always keep copies of all paperwork forwarded to us. Due to confidentiality and security reasons, a very limited amount of information is kept in your physical file. All other paperwork is shredded. It is your responsibility to keep copies of any paperwork that you may want to reference at a later date. Initial(s) _____

S. You understand that you should NOT send original court documents or collection notices to Small Credit Solutions. Send only COPIES of any documents that will support your case. Initial(s) _____

Client Signature

Date

Small Credit Solutions
1629 K Street NW
Suite 300
Washington, DC 20006
(202) 600-7719

Date

Client Information

Name (Last, First, MI)

Current Address

City

State

Zip Code

Social Security No. (Optional)

Date of Birth (mm/dd/yyyy)

Home Phone No.

Mobile Cell No.

Email Address

How did you locate us? _____

Who referred you? _____