



**RESTORATION CHECKLIST**

- CREDIT REPORTS
- CREDIT ANALYSIS
- DRIVER'S LICENSE
- SOCIAL SECURITY CARD
- BILLING STATEMENT

**SELECT MEMBERSHIP PLAN**

- PRIMARY MEMBER RESTORATION (\$279 + \$79/MO)
- ADD-ON MEMBER RESTORATION (\$200 + \$79/MO)

(MONTHLY FEES BEGIN 60 DAYS AFTER INITIAL FEES)

**MEMBERSHIP APPLICATION**

AGENT NAME: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Member Name (if this is an Add-On Member Application) \_\_\_\_\_

Nickname (goes by - if different) \_\_\_\_\_ Previous Last Name \_\_\_\_\_

Alternate Contact Name (List on Service Agreement) \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Alternate Mobile Phone \_\_\_\_\_ Alternate Work Phone \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Home or Work Phone (circle one) \_\_\_\_\_

\_\_\_\_\_  
Email (Check box if same as Primary Member) \_\_\_\_\_

\_\_\_\_\_  
CURRENT Address (Check box if same as Primary Member) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
PREVIOUS Address - If less than 2 yrs (Check box if same as Primary Member) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
MAILING Address (Check box if same as Primary Member) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHARED INFORMATION:** PLEASE PROVIDE THE NAME(S) OF ANY **NEW** LOAN OFFICERS, REALTORS, OR OTHERS WE ARE TO KEEP INFORMED.

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Addr: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Addr: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENT INFORMATION:** I AUTHORIZE CREDIT MATTERS TO CHARGE MY ACCOUNT FOR MEMBERSHIP FEES ACCORDING TO THE PAYMENT SCHEDULE DESCRIBED BELOW ON OR ABOUT THE EFFECTIVE DATE OF THE MEMBERSHIP UNTIL ALL SCHEDULED PAYMENTS HAVE BEEN RECEIVED. **IF PAYMENT IS MADE BY CHECK:** I AUTHORIZE CREDIT MATTERS TO MAKE AN ELECTRONIC FUNDS TRANSFER FROM MY ACCOUNT USING THE INFORMATION ON MY CHECK.

**X** \_\_\_\_\_  
Signature - ACCOUNT HOLDER \_\_\_\_\_ Date \_\_\_\_\_

**ACH BANK DRAFT**       Checking       Savings

Account Holder Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Institution Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_

**PLANNED PAYMENT SCHEDULE**

Payment \$ \_\_\_\_\_ Draft Date \_\_\_\_\_

Payment \$ \_\_\_\_\_ Draft Date \_\_\_\_\_

Mo Pymt \$ \_\_\_\_\_ Starting On: \_\_\_\_\_

Number of Monthly Payments Scheduled: \_\_\_\_\_

**CREDIT/DEBIT CARD** Account Holder Name: \_\_\_\_\_

Name (exactly as shown on card) \_\_\_\_\_ Billing Address of card (if different from above) \_\_\_\_\_

Card #: \_\_\_\_\_ CVC: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

# CREDIT REPAIR SERVICE AGREEMENT

This Agreement is between you, the BUYER of the credit repair service, and Credit Matters, Inc., the COMPANY, providing the credit repair service.

**BUYER INFORMATION:** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**BUYER AUTHORIZATION:** Buyer authorizes the Company to dispute, on Buyer's behalf, information appearing in Buyer's credit reports that Buyer believes is inaccurate or obsolete. Furthermore, Buyer authorizes the Company to share Buyer's credit information with the following person(s).

Name(s): \_\_\_\_\_ Agent: \_\_\_\_\_

**COST OF SERVICE:** Buyer will pay the Company an initial fee of \_\_\_\_\_ plus 1 monthly payment of \$79.00 (to be paid 30 days following the initial payment) after the Company completes the service described below. Full payment is due upon completion of credit repair service. Buyer will pay the Company 2 monthly payments of \$79.00 following the completion of any successive credit repair service as described below for service provided within one year of the date of this agreement. Buyer agrees that any federal and state disclosures, notice of cancellation, and any other papers accompanying the initial credit repair service provided, shall serve as disclosure and notice for any successive credit repair service provided within a period of one year of this agreement.

## DESCRIPTION OF SERVICE TO BE PERFORMED BY THE COMPANY

1. Analyze Buyer's credit reports with Buyer to determine if inaccurate information is contained in the reports.
2. Disclose to Buyer his/her rights according to the federal Fair Credit Reporting Act.
3. Prepare correspondence to the CRA to initiate a reinvestigation of items appearing inaccurate or falsely on the Buyer's credit reports. Correspondence on reinvestigations will be sent to the CRA one time.
4. The Company will maintain Buyer's personal information in strict confidence. Buyer's information will be released only to persons, merchants, creditors or organizations necessary to complete the services described in this contract.

## ACTIONS REQUIRED OF BUYER

1. Buyer agrees to provide the Company with a complete copy of Buyer's credit reports received from the CRA in order for the Company to begin credit repair service on behalf of Buyer.

**DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE RECEIVED AND READ THE INFORMATION STATEMENTS AND NOTICES OF CANCELLATION REQUIRED BY STATE AND FEDERAL LAW, EVEN IF OTHERWISE ADVISED. BY SIGNING THIS CONTRACT, YOU ACKNOWLEDGE RECEIPT OF THESE DISCLOSURES PRIOR TO THE TIME OF SIGNING AND AGREE TO THE TERMS OF THIS CONTRACT.**

**BUYER MAY CANCEL THIS CONTRACT AT ANY TIME BEFORE MIDNIGHT OF THE 5<sup>TH</sup> BUSINESS DAY AFTER THE TRANSACTION DATE. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.**

Buyer's Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

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

**YOU, THE BUYER, ARE ENTITLED TO AN EXACT COPY OF THIS CONTRACT AS WELL AS ANY OTHER WRITING SIGNED BY YOU IN CONNECTION WITH THIS CONTRACT AT THE TIME YOU SIGN.**

**THIS CREDIT SERVICES ORGANIZATION IS REGISTERED BY THE DEPARTMENT OF FINANCIAL INSTITUTIONS AT P.O. BOX 8041, MADISON, WISCONSIN 53708-8041**

Company Name: Credit Matters, Inc. Phone: 800-531-7279  
Principal Address: 2654 W. Lawrence St. Appleton, WI 54914 Email: company@gocreditmatters.com  
Registered Agent: Daniel C. Krueger  
Address of Agent: 2654 W. Lawrence St. Appleton, WI 54914



**INFORMATION STATEMENT REQUIRED UNDER  
WISCONSIN LAW [SECTION 422.504]**

You have the right to review any file on you maintained by a consumer reporting agency (i.e., credit bureau). You have the right to obtain a copy of that file from each consumer reporting agency free-of-charge every 12 calendar months. You may obtain your free copies on the Internet at **www.annualcreditreport.com**, or by contacting the consumer reporting agency directly. You also have the right to obtain a copy of your file free-of-charge from the consumer reporting agency if you request the free copy within sixty days after you receive a notice of a denial of credit.

You have the right to dispute the completeness or accuracy of any item contained in any file on you maintained by a consumer reporting agency. The Company will perform credit repair services on your behalf, seeking correction or removal of negative information on your credit report that has been put there either inaccurately or falsely. The total amount you will be charged for the credit repair services is an initial fee of \_\_\_\_\_ plus 1 monthly payment of \$79 (to be paid 30 days following the initial payment).

The Company has complied with the bond/irrevocable letter of credit requirements under Section 422.502 of the Wisconsin Statutes. The Company has obtained an irrevocable letter of credit from: National Exchange Bank and Trust, 130 S. Main Street, Fond du Lac, WI 54935

The irrevocable letter of credit is in the amount of \$25,000.00. The irrevocable letter of credit is in favor of the State of Wisconsin for the benefit of any person who is damaged by a violation of Subchapter V of Chapter 422 of the Wisconsin Statutes. The irrevocable letter of credit is also in favor of any person who is damaged by a violation of Subchapter V of Chapter 422 of the Wisconsin Statutes. A person claiming against the irrevocable letter of credit for a violation of Subchapter V of Chapter 422 of the Wisconsin Statutes may maintain an action at law against the credit services organization and against the surety or financial institution. The surety or financial institution may be liable only for actual damages and not for punitive damages. The aggregate liability of the surety or financial institution to all persons damaged by a credit services organization's violation of Subchapter V of Chapter 422 of the Wisconsin Statutes may not exceed the amount of this irrevocable letter of credit.

**BY SIGNING BELOW, YOU HEREBY ACKNOWLEDGE RECEIPT OF THE FEDERAL & WISCONSIN INFORMATION STATEMENTS BEFORE ANY CONTRACT OR AGREEMENT BETWEEN YOU AND THE COMPANY IS EXECUTED.**

Buyer's  
Signature **X** \_\_\_\_\_

Date \_\_\_\_\_

## NOTICE OF CANCELLATION

You may cancel this contract, without any penalty or obligation, within 5 business days after the date on which the contract is signed.

To cancel this contract, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice to: Credit Matters, Inc., 2654 W. Lawrence St., Appleton, WI 54914, not later than midnight of the 5<sup>th</sup> business day after the date you signed the contract.

**I hereby cancel this transaction**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_