



# PREMIUM CREDIT REPORT TERMS & CONDITIONS

## CUSTOMER TERMS & CONDITIONS

### 1. Customer agrees:

- a. To provide PREMIUM CREDIT REPORT with a copy of all correspondences received from credit reporting agencies or creditors relating to credit report entries which are the subject to matter of this subscription by virtue of the credit report entries challenged by PREMIUM CREDIT REPORT for verification of accuracy. If you do not receive any correspondence within 60 days, notify the Corporate Office.
- b. Not to contact credit reporting agencies (Experian, Equifax and Trans Union) 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 without 7 day prior written notification to PREMIUM CREDIT REPORT and an opportunity on the part of PREMIUM CREDIT REPORT to consult with Customer with regard thereto.
- c. To provide to PREMIUM CREDIT REPORT, within 14-days of receipt thereof, all correspondence received from credit reporting agencies by Customer.
- d. Customer understands that the results obtained by PREMIUM CREDIT REPORT on behalf of Customer are dependent on numerous factors, including but not limited to Customer's ability to repay debts and loans, cooperation of Customer's creditors, and credit reporting agencies ability to verify information provided to them by PREMIUM CREDIT REPORT on behalf of Customer.
- e. Customer understands that accurate information may not be removed unless it is listed beyond a lawful time period.

### 2. PREMIUM CREDIT REPORT agrees:

- a. To evaluate Customer's current credit reports as listed with applicable credit reporting agencies and to identify inaccurate, erroneous or obsolete information. To advise Customer as to the necessary steps to be taken on the part of Customer in conjunction with PREMIUM CREDIT REPORT to dispute any inaccurate, erroneous, or obsolete information contained in the customer's credit reports.
- b. To prepare all necessary correspondence in dispute of inaccurate, erroneous, or obsolete information in customer's credit reports.
- c. Credit profile status, consulting, coaching and monitoring services are primarily conducted by phone during normal business hours (9:00:00 AM - 5:00:00 PM EST)

### PREMIUM CREDIT REPORT LIMITED POWER OF ATTORNEY

Be it known that I, the undersigned, am the individual/authorized officer of the business/personal entity listed below and as such do hereby grant a Limited Power of Attorney to PREMIUM CREDIT REPORT. PREMIUM CREDIT REPORT, and any and all persons in their employ, shall have the necessary power and authority to undertake and perform the following on my behalf. I hereby give permission to PREMIUM CREDIT REPORT to sign my name on all letters written on my behalf and or as agent for the only purpose of communicating with credit reporting agencies and to challenge and verify account information held by consumer credit reporting agencies.

### CUSTOMER NOTICE OF CANCELLATION

You may cancel this transaction, without any penalty or obligation; within five business days from the date this contract is received by PREMIUM CREDIT REPORT home office. To cancel this transaction, mail or deliver a signed and dated copy of this cancellation notice or any other written notice to: PREMIUM CREDIT REPORT, 3785 NW 82 AVE SUITE 203, MIAMI, FL 33166

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within 15 days following receipt by the seller of your cancellation notice. And any security interest arising out of the transaction will be cancelled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may, if you wish, comply with the instructions of the seller's expense and risk.

If you do make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without any further obligation. If you fail to make the goods available to the seller, or if you agree to return the goods to the seller and fail to do so, then you remain liable for performance of all obligations under this contract.

### I HEREBY CANCEL THIS TRANSACTION

Customer's Printed Name

Customer's Signature

Date

**Limited Power Of Attorney**

3785 NW 82 AVE  
SUITE 203  
MIAMI, FL 33166  
Phone:(786) 888-5230 ext.8185  
Fax:(305) 471-7541  
www.premiumcreditreport.net

Be it known that, I, the undersigned, am the individual/authorize officer of the business/personal entity listed below and as such do hereby grant a Limited Power of Attorney to PREMIUM CREDIT REPORT , and any and all persons in their employ, as my agent, to have the necessary power and authority to undertake and perform the following on my behalf.

I hereby give permission to PREMIUM CREDIT REPORT to sign my name on all documents written on my behalf as my agent for the purpose of disputing inaccurate, erroneous, and obsolete credit information held on my report by consumer credit reporting agencies. This "Limited Power of Attorney" is given to PREMIUM CREDIT REPORT in compliance with Section 6111 of the Federal Fair Credit Reporting Act.

Client Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Client has signed in the presence of this whose signature appears below

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

PREMIUM CREDIT REPORT

---

# IMPORTANT!

---

## **PREMIUM CREDIT REPORT** **CANNOT PROCESS YOUR APPLICATION** **WITHOUT THE FOLLOWING SIX ITEMS**

**1. Social Security Verification (as required by the credit reporting agencies)**

**Listed below are the acceptable forms of verification. Include ONE of the following:**

- Photocopy of your social Security Card
- Photocopy of your pay stub displaying full social security number
- Photocopy of your W-2
- Photocopy of Health Insurance Card that contains your full social security number

**2. Current Picture ID (as required by the credit reporting agencies)**

**Listed below are the acceptable forms of verification. Include ONE of the following:**

- Photocopy of your Driver's License
- Photocopy of your State ID
- Photocopy of your Passport

**3. Address Verification (only required if Picture ID has different address than what appears on the application)**

- Photocopy of a preprinted bill (utility, credit card, etc.) with you name an current address where you reside

**4. Credit Reports (application must include all three credit reports separately.**

**Merged credits reports are not accepted):**

- TransUnion
- Experian
- Equifax

**5. Signed Limited Power of Attorney (included in your application packet)**

**6. Signed Disclosure Statement (included in your application packet)**

---

**Send the necessary documents above to your Credit Representative at:**

***PREMIUM CREDIT REPORT***

***3785 NW 82 AVE SUITE 203, MIAMI, FL 33166***



**P R E M I U M   C R E D I T   R E P O R T**  
**C h e c k l i s t**

3785 NW 82 AVE  
 SUITE 203  
 MIAMI, FL 33166  
 Phone:(786) 888-5230 ext.8185  
 Fax:(305) 471-7541  
 www.premiumcreditreport.net

**Both Credit Representative and Customer  
 Must Initial and Sign this Form**

Please Initial

Customer \_\_\_\_\_ Rep \_\_\_\_\_

1. PREMIUM CREDIT REPORT contract is filled out completely, price has been entered in Rep use only box and is signed and I received a copy. I have no unanswered questions.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

2. Disclosure statement is signed and I received a copy. I have no unanswered questions.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

3. Payment -- I have enclosed payment and fully understand all cost associated with my consultation. Make checks payable to PREMIUM CREDIT REPORT only.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

4. Credit Reports (I understand these documents are necessary for the process to begin, additionally not all merged credit reports will be accepted). Call Experian at 1-800-493-1058; call TransUnion at 1-800-916-8800; and call Equifax at 1-800-685-1111 or visit [www.annualcreditreport.com](http://www.annualcreditreport.com)

Customer \_\_\_\_\_ Rep \_\_\_\_\_

5. To prevent credit inquiries and solicitations against my will, I have been advised to call the free "opt-out" service at: 1-888-567-8688.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

6. Authorization Form – "Limited Power of Attorney"  
 I have signed and returned a copy to PREMIUM CREDIT REPORT

Customer \_\_\_\_\_ Rep \_\_\_\_\_

7. Copy of driver's license or state ID with current address.  
 If your driver's license does not match your current address, include a copy of a bill with your current address. I have enclosed a copy of my driver's license, state ID or bill.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

8. Copy of Social Security card or a document with Social Security Number.  
 I have enclosed a copy of my Social Security Card. If I do not have a Social Security Card, I have enclosed another form of ID with my Social Security Number.

Customer \_\_\_\_\_ Rep \_\_\_\_\_

9. I understand that without the necessary items above, PREMIUM CREDIT REPORT cannot begin analyzing my credit reports. I have no unanswered questions and fully understand my request for this credit consultation program.

**Customer**

I have read and completed all of the above listed item

Customer Signature

Date

**Credit Representative**

I have explained all items that my client needs before PREMIUM CREDIT REPORT can start analyzing my credit.

Credit Representative Signature

Date

**FOR  
 OFFICE  
 USE ONLY**

Missing Items # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

Missing Items Requested \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Customer Called \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Notes**

\_\_\_\_\_