

Credit Repair Solutions

Phone- 888-264-5113 Fax 786-272-0689

www.creditrepairsolutionsonline.com

Authorization Form

I _____, (Social Security #) _____
hereby authorize Credit Repair Solutions to obtain information from my creditors on my behalf. This authorization shall become effective immediately and shall continue in effect until revoked by me by providing written notice to Credit Repair Solutions.

I certify that the information I have given to Credit Repair Solutions is true and correct to the best of my/our knowledge. I authorize this organization to negotiate on my/our behalf with my/our creditors.

Furthermore, I understand that by giving Credit Repair Solutions authorization to obtain information and to negotiate on my/our behalf in no way guarantee that my/our foreclosure will not be stopped nor is there any guarantee that I will receive housing or that any item will be removed from my/our credit file.

I understand that Credit Repair Solutions is a counseling agency which provides assistance to individuals in understanding the Fair Credit Reporting Act. Credit Repair Solutions cannot remove any item from my/our credit file that is true and accurately reported.

I hereby authorize Credit Repair Solutions to contact my creditors and/or credit reporting agencies on my/our behalf for the sole purpose of negotiating a repayment plan and/or settlement of a debt or to dispute items reflected on my/our credit file which are incorrectly reported.

In addition, I/we understand that I/we could perform these actions on my/our own however, I/we have elected to contract the services of Credit Repair Solutions. It is understood that a copy of this form will also serve as authorization.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

NAME (SIGNATURE)

Social Security #

DATE

NAME (SIGNATURE)

Social Security #

DATE