



Please read the following 9 pages carefully.
To submit this application and contract, click the SUBMIT button on page 8.

IMPORTANT: Please take a few minutes to review our process.



Thank you for choosing CreditAbility Credit Repair Services. Our goal is to use the next 70 days to help you build a positive credit profile. It is very important to pay attention during this program. We will be setting up a personal interview with you to begin as soon as we receive your application in our office. Please sign and date the forms where indicated.

- 1. Fax the forms back to 319-373-8224 when completed, or mail to:

CreditAbility
2205 Blairs Ferry Crossing Suite B
Hiawatha, IA 52233

- 2. Once the 5 day right to cancel period has passed, we will begin investigating and repairing your credit profile.
- 3. Once disputed, creditors have 30 days in which to verify the debt to each of the 3 credit bureaus. You will receive information in the mail from the 3 bureaus advising you of the results. This information MUST be returned to our office as soon as possible to complete the process!

***** PLEASE INCLUDE TWO FORMS OF PAYMENT ON THE PREAUTHORIZED TRANSFER AGREEMENT FORM (Checking, Savings, Debit Card, Credit Card)**

***** PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:**

- STATE ISSUED DRIVERS LICENSE
- SOCIAL SECURITY CARD
- UTILITY BILL / INSURANCE STATEMENT WITH YOUR NAME AND CURRENT ADDRESS

I certify that all information provided to CreditAbility including my name, address, credit reports, credit accounts, and any other pertinent information is true and correct to the best of my knowledge.



X _____ Printed _____

X _____ Printed _____



CREDIT REPAIR SERVICE APPLICATION



Applicant:

First _____ Middle _____ Last _____

Date of Birth _____ Social Security Number _____

Home Number _____ Best time to contact you _____

Work Number _____ OK to call at work **Y** or **N** (circle one)

Cell Number _____ E-mail Address _____

Street Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Co-Applicant:

First _____ Middle _____ Last _____

Date of Birth _____ Social Security Number _____

Home Number _____ Best time to contact you _____

Work Number _____ OK to call at work **Y** or **N** (circle one)

Cell Number _____ E-mail Address _____

Street Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

I hereby certify that the information included above is true and correct to the best of my knowledge. I have also received a copy of the Notice of Cancellation.



Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

Please include the name of those who have referred you to CreditAbility:



CONTRACT AND DISCLOSURE STATEMENT

This contract is between _____ (herein referred to as "client") and CreditAbility, Inc. as a credit services organization which will provide the following services to the client:

1. CLIENT AUTHORIZATION:

Client authorizes CreditAbility, Inc. to challenge on Client's behalf information appearing in the Client's credit reports that the Client believes is inaccurate. Client authorizes CreditAbility, Inc to exchange consumer credit information concerning the client with credit reporting agencies and the client's creditors. Client hereby authorizes CreditAbility, Inc. 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 credit report by credit reporting agencies. This "Limited Power of Attorney" is given to CreditAbility Inc. in compliance with section 611 of the Federal Fair Credit Reporting Act. **Initials** _____

2. BOND INFORMATION:

The client is hereby notified of their right to proceed against the bond # 6472952 of which has been purchased by CreditAbility, Inc. The name and address of the surety company which issued the bond is as follows:

SAFECO Insurance Company
PO Box 34526
Seattle, WA 98124-1526

3. COST OF SERVICES/ METHOD OF PAYMENT:

Client will pay CreditAbility, Inc. \$ 400 for a single person or \$ 600 for a couple after CreditAbility, Inc. fully completes the services described below. Full Payment is due on day 45th day from the date that this contract is signed and dated. A payment receipt will be furnished by CreditAbility, Inc. to Client's for payments made in cash. CreditAbility, Inc. will ask for the Client's to provide payment information at contract date, but CreditAbility, Inc. will not charge provided account until services have been provided in full.

4. DESCRIPTION OF SERVICES TO BE PERFORMED BY CREDITABILITY, INC.:

1. Assist Client with obtaining Client's credit reports from Experian, Equifax/CSC Credit Services, Inc. and TransUnion consumer reporting agencies (CRA), if necessary.
2. Analyze Client's credit reports with Client to determine if inaccurate information is contained in the reports.
3. Advise Buyer of his/her rights according to the federal Fair Credit Reporting Act.
4. Prepare correspondence to the CRA to initiate a reinvestigation of inaccurate items appearing on the Client's credit reports. Correspondence on reinvestigation will be sent to CRA two times if necessary.
5. Prepare correspondence to the creditors listed on the Client's credit reports disputing the accuracy of the information they are furnishing to the CRA if Client disagrees with information provided by CRA.
6. Communicate results of findings from CRA with Client. CreditAbility will contact via phone, e-mail three individual days in succession.

7. CreditAbility, Inc. will maintain Client's personal information in confidence. Client's personal information will not be sold to any marketing firms at any time. CreditAbility may however, communicate status updates to the original person(s) authorized by the client to release information to CreditAbility, Inc. The confidential provisions of this agreement shall remain in full force and effect after the termination of the agreement.
8. Penalties for non-payment or late payment are as follows:
If CreditAbility, Inc. cannot collect payment on the 45th day following the date of this agreement, and CreditAbility, Inc. has fulfilled its contractual duties, there will be a late payment fee of \$40.00 added to the outstanding balance. An additional \$40.00 late fee will be assessed every ten business days until the total payment is collected. If payment is not collected within 160 days after the date this contract is signed, CreditAbility, Inc. will pursue collection with legal action.
9. This agreement shall be governed by the laws of the State of Iowa. Should it be necessary to enforce provisions of the agreement, then CreditAbility, Inc. shall be entitled to recover the reasonable costs of enforcement including attorney's fees, the parties further agree that the Iowa District Court for Linn County, Iowa, shall have exclusive jurisdiction over any dispute arising under this agreement.

5. TIME FOR COMPLETION OF SERVICES/CORPORATION ADDRESS:

It is estimated that the credit repair services are to be performed in full within 45 days length of time. The address for CreditAbility, Inc. is 266 Blairs Ferry Rd. NE Suite 200 Cedar Rapids, IA 52402. This 45 day contract allows time for the required recession period of this contract, processing time for CreditAbility, Inc. to deliver its service, the 30 day timeframe allowed to creditors to validate disputes mandated by the Fair Credit Reporting Act, and mail or e-mail communication from CRA to Client. CreditAbility, Inc. would like to provide an additional 25 days of consulting free of charge to the Client to help the Client have the best chance to maintain and develop a quality credit profile. Please check the appropriate boxes provided below to determine what levels of consulting you would most like CreditAbility, Inc. to provide as these services are at your request.



- Please help assist me in establishing new credit
- Please help educate me on the how my credit score is determined
- Please help will preparing a PPL(Pay-off Priority List of validated creditors that are still owed
- Please help me get more organized with my monthly bills, debts, payments and simple budget

6. ACTIONS REQUIRED OF CLIENT:

1. Client agrees to obtain a copy of the Client's credit report from the CRA and to provide CreditAbility, Inc. with a complete copy of Client's credit reports received from the CRA in order for CreditAbility, Inc. to begin credit repair services on behalf of Client
2. Client agrees to pay the fee required by the CRA to obtain Client's credit reports, if applicable.
3. Client agrees to provide CreditAbility, Inc. a complete copy of credit reports and any and all correspondence Client receives from the CRA, or Creditors during the investigation process within 5 business days of the date Client receives such correspondence from the CRA or Creditor. Failure to execute either or both of the aforementioned tasks will not affect the requirement of full payment for completed services at day 45.

I hereby certify that all information provided by me/us to CreditAbility is true and correct to the best of my knowledge and therefore hold harmless CreditAbility from any damages resulting from said information.



Executed this _____ day of _____, 20_____.

Applicant signature _____

Co-Applicant signature _____

- **YOU MAY CANCEL THIS CONTRACT WITHOUT PENALTY OR OBLIGATION AT ANY TIME BEFORE MIDNIGHT OF THE 5th BUSINESS DAY AFTER THE DATE ON WHICH YOU SIGNED THE CONTRACT. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.**

Consumer Credit File Rights Under State and Federal Law

You have a right to dispute inaccurate information in your credit report by contacting the credit bureau directly. However, neither you nor any "credit repair" company or credit repair organization has the right to have accurate, current, and verifiable information removed from your credit report. The credit bureau must remove accurate, negative information from your report only if it is over 7 years old. Bankruptcy information can be reported for 10 years.

You have a right to obtain a copy of your credit report from a credit bureau. You may be charged a reasonable fee. There is no fee, however, if you have been turned down for credit, employment, insurance, or a rental dwelling because of information in your credit report within the preceding 60 days. The credit bureau must provide someone to help you interpret the information in your credit file. You are entitled to receive a free copy of your credit report if you are unemployed and intend to apply for employment in the next 60 days, if you are a recipient of public welfare assistance, or if you have reason to believe that there is inaccurate information in your credit report due to fraud.

You have a right to sue a credit repair organization that violates the Credit Repair Organization Act. This law prohibits deceptive practices by credit repair organizations.

You have the right to cancel your contract with any credit repair organization for any reason within 3 business days from the date you signed it.

Credit bureaus are required to follow reasonable procedures to ensure that the information they report is accurate. However, mistakes may occur.


You may, on your own, notify a credit bureau in writing that you dispute the accuracy of information in your credit file. The credit bureau must then reinvestigate and modify or remove inaccurate or incomplete information. The credit bureau may not charge any fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit bureau.

If the credit bureau's reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit bureau, to be kept in your file, explaining why you think the record is inaccurate. The credit bureau must include a summary of your statement about disputed information with any report it issues about you.

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

I/we confirm that fact that I/we agree and understand what is being signed, and acknowledge that I/we have received a copy of the Consumer Credit File Rights.

 X _____ Date _____

X _____ Date _____

- A telefaxed copy of this agreement shall be considered an original.

NOTICE OF RIGHT TO CANCEL



Client (s) _____

You may cancel this contract without any penalty or obligation within five (5) days after the date the contract is signed. If you cancel, any payment made by you under this contract will be returned within ten (10) days after the date of receipt by CreditAbility, Inc.

HOW TO CANCEL:

To cancel this contract, mail or deliver a signed and dated copy of this cancellation notice or any other written notice to:

CreditAbility, Inc.
2205 Blairs Ferry Crossing Suite B
Hiawatha, IA 52233
Phone – 888-573-2822
Fax - 319-373-8224

This written notice must be delivered no later than midnight of _____, 20_____.

I WISH TO CANCEL THE AFOREMENTIONED CONTRACT WITH CREDITABILITY, INC.

Date _____ Client Signature _____

I/We acknowledge receipt of a copy of this Notice of Right to Cancel. Both the Client and Co-Applicant have the right to cancel. The exercise of this right by either shall be effective as to both.

X _____ Printed _____

X _____ Printed _____

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X _____ Printed _____

X _____ Printed _____



Authorization Agreement for Preauthorized Transfers



Client Name(s) _____

I (we) hereby authorize CreditAbility, Inc. to initiate debit entries to my (our) checking or savings account indicated below at the depository named below, hereinafter referred to as "Bank", or to apply such charges to the credit card or debit card indicated below, for the amounts indicated in my contract with CreditAbility, Inc.



CHECKING ACCOUNT INFORMATION

Bank Name _____

Branch Address _____ Phone Number _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Debit Card Number _____ Exp Date _____

- **Please attach a voided check**

CREDIT CARD INFORMATION

Credit (or Debit) Card Number _____ Exp Date _____

**** Must have both Checking Acct OR Debit information AND Credit Card information ****

This authorization is to remain in full force and effect until CreditAbility, Inc. has received a thirty day written notice prior to the termination date from me (us) as to afford CreditAbility, Inc. and the Bank a reasonable opportunity to act on it.

X _____ Printed _____

X _____ Printed _____

Date _____

Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.



Monthly Budget Worksheet

INCOME

TOTAL TAKE HOME PAY FROM ALL SOURCES:

EXPENSES

Rent / Mortgage
Utilities - Electric, Gas, Water
Telephone, Cable, Internet
Property Taxes
Homeowner's Insurance
Furnishings
Home Maintenance / Improvements & Misc

HOUSING TOTAL:

Car Payment / Lease
Auto Insurance
Gas / Maintenance
License Fees
Parking

TRANSPORTATION TOTAL:

Doctors & Dental Visits
Prescriptions
Eye Care

MEDICAL & DENTAL TOTAL:

Life
Health
Disability
Long-Term Care

PERSONAL INSURANCE TOTAL:

Groceries
Work Lunches
School Lunches
Clothing
Hair
Dry Cleaners
Child Care Service & Sitter
Kids' Allowance
Recreation / Club Fees
School Fees
Trips, Camps, Vacations
Gifts - B day, X mas, Wedding
Dining Out
Movies
Pets
Charities

PERSONAL EXPENSES TOTAL:

Home Equity Loan
School Loan(s)
Personal Loan(s)
Credit Cards

INSTALLMENT PAYMENTS TOTAL:

TOTAL EXPENSES: