



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



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 45 days to help you build a more positive credit profile. It is very important to pay attention during this program. Please read the follow documents carefully before signing, and if you have any questions regarding them, please call our office toll free (888)573-2822. We can also be reached on the web at WWW.CREDITABILITY.ORG.

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

CreditAbility
2205 Blairs Ferry Crossing Suite B
Hiawatha, IA 52233

***** PLEASE INCLUDE THE METHOD OF PAYMENT ON THE PREAUTHORIZED TRANSFER AGREEMENT FORM (Checking, Savings, Debit Card, Credit Card, Money Order, Cash)**

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

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

INFORMATION STATEMENT

REQUIRED UNDER WISCONSIN LAW

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 \$400.00 for a single or \$600.00 for a couple.

The Company has complied with the bond/irrevocable letter of credit requirements under Section 422.502 of the Wisconsin Statutes. The Company has obtained a surety bond/irrevocable letter of credit from:

American Contractors Indemnity Company
9841 Airport Blvd, 9th Floor
Los Angeles, CA 90045

The surety bond/irrevocable letter of credit is in the amount of \$25,000.00. The surety bond/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 surety bond/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 surety bond/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 surety bond/irrevocable letter of credit.

By signing below, you hereby acknowledge receipt of this statement before any contract or agreement between you and the Company is executed.

DO NOT SIGN THIS INFORMATION STATEMENT UNTIL YOU HAVE READ BOTH SIDES



Your signature _____ Print _____ Date _____

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



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 _____



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. 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. Provide Client with written notice upon the date of full performance of credit repair services.
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. CreditAbility, Inc. would like to provide 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 the Client would most like CreditAbility, Inc. to provide as these services are at your request.



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

2. TIME FOR COMPLETION OF SERVICES

It is estimated that the credit repair services are to be performed in full within 45 days length of time. In some cases, inaccurate, negative items appearing on the Client's credit report will be removed in less than the stated estimate.

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. A couple can be any two individuals who intend to go through the repair process together. Full Payment is due on the 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. 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 1 % per month assessed on any unpaid balance remaining after day 45. If payment is not collected within 1 month after the 45th day of the day this contract is signed, CreditAbility, Inc. will pursue collection with legal action.

4. ACTIONS REQUIRED OF CLIENT:

1. Client agrees to provide CreditAbility, Inc. a legible copy of the following documents.
 - A. STATE ISSUED DRIVERS LICENSE
 - B. SOCIAL SECURITY CARD
 - C. UTILITY BILL/INSURANCE STATEMENT WITH CLIENT NAME AND CURRENT ADDRESS
2. 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
3. Client agrees to pay the fee required by the CRA to obtain Client’s credit reports, if applicable.
4. 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.

5. 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 Client’s 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**_____

I hereby certify that all information provided by me/us to CreditAbility is true and correct to the best of my knowledge.



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 CALENDAR DAY AFTER THE DATE ON WHICH YOU SIGNED THE CONTRACT. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.**
- **THIS CREDIT SERVICES ORGANIZATION IS REGISTERED BY THE DEPARTMENT OF FINANCIAL INSTITUTIONS, P.O. BOX 8041, MADISON, WISCONSIN 53708-8041**



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 two copies of the Notice of Cancellation.

 Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

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

NOTICE OF CANCELLATION



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 _____

NOTICE OF CANCELLATION

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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.

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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 _____



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 AND/OR SAVINGS 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 _____

IF PAYMENT IS TO BE MADE WITH CASH OR MONEY ORDER PLEASE CHECK _____

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 _____

