



**Credit Action Solutions  
Membership and Enrollment Application**

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<http://www.creditactionsolutions>

**UNIVERSAL  
Membership  
Application**

**Limited Power of Attorney**

Be it known that I the undersigned, am the individual/authorized of the business/Personal entity listed below and as such do hereby grant a Limited Power of Attorney to Credit Action Solutions, Inc. 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 Credit Action Solutions, Inc. to sign my name on all documents written on my behalf for the purposes of disputing inaccurate, erroneous, and outdated credit information held On my report by consumer credit reporting agencies. This "Limited Power of Attorney" is given to Credit Action Solutions Inc. in compliance with section 611 of the federal fair credit reporting act. Client's initials \_\_\_\_\_ to agree.

**Select a Plan**

- 1. **Basic Plan - \$39.00 month / (\$299.00 Processing Fee) < 3 disputes**
- 2. **Intermediate \$59.00 month / (\$599.00 Processing Fee) 4-9 disputes**
- 3. **Advanced Credit \$79.00 month / (\$799.00 Processing Fee) 9+ disputes**
- 4. **Debt Negotiation – call Office / ( ask for Legal Services)**
- 5. **Loan Modification call Office ( Rates April 2009 3%-5%)**
- 6. **Rapid Re-Score \$50.00 per item per credit bureau**

**Member Information**

**Please print.**

Today's Date  /  /  If you choose the bank draft option, your account will be drafted on or about this date each month.

SSN#  -  -  For internal use only by CAS our privacy policy is available upon request.

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

Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP + 4 \_\_\_\_\_

Mailing Address Apt./ \_\_\_\_\_  
Member's Ste. # \_\_\_\_\_  
Date of Birth  /  /

Spouse Last \_\_\_\_\_  
First \_\_\_\_\_ MI \_\_\_\_\_

Work Phone  -  -  Ext.

Home Phone  -  -

Email Address \_\_\_\_\_  
 I do not wish to receive email updates from CAS about my membership. (Your privacy is a priority with us! CAS will not sell your email address or personal information of any kind to third party vendors.)

The applicant may cancel this contract without penalty or obligation at any time prior to midnight of the third (3rd) business day after it has been received by Credit Action Solutions, data processing center or anytime there after by sending the company a written notification. Under our warranty guidelines, If the applicant is not satisfied after (12) months of professional service(s) or six dispute cycles whichever occurs first then he/she may receive a refund of monies paid out less the amount of the processing fee(s) and \$50.00 for every negative item successfully deleted and or derogatory credit entries that were improved or corrected during the time the applicant has been involved in the Credit restoration process with C.A.S., Inc.

By signing this agreement the applicant agrees to forward all correspondence received from the credit agencies to the Credit Action Solutions, Inc. data processing center.

\_\_\_\_\_ Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

**Consumer Credit Disclosure Authorization**

I hereby give written authorization to Credit Action Solutions, Inc. and subsidiaries to contact me and assist me in requesting my credit report(s) from all three major consumer credit reporting agencies for the sole purposes of providing professional credit restoration, education, and protection services. Additionally, I authorize Credit Action Solutions, Inc. to mail me (via U.S. mail) a copy of my dispute investigation report, and initial credit analysis outlining any and all items that have been disputed by the company on my behalf. Furthermore I hereby duly authorize Credit Action Solution's professionally trained credit analysts to review and analyze all of my personal credit information for the sole purposes of legally disputing any information on my credit report that contains inaccurate, erroneous, misleading, outdated, and unverifiable information. I agree to hold harmless Credit Action Solutions Inc. and any of its officers, employees, agents, stockholders, and corporate affiliates from any and all lawsuits that may derive in any way as a result of the Credit Restoration Process.

Client's initials \_\_\_\_\_ Date \_\_\_\_\_ CAS Rep's Initials \_\_\_\_\_ Date \_\_\_\_\_

Payment Pay Period (please select one)  Monthly  Quarterly  Yearly

**Payment Information**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
Enter Authorized amount to be deducted from Account period \$ \_\_\_\_\_ **Please select the appropriate payment option based on the group plan you have selected.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Payment/Plan Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorized draft date (employees only) each employee's payment must be drafted on 15<sup>th</sup> or 25<sup>th</sup> monthly **Please select date:**  15<sup>th</sup> or  25<sup>th</sup> Other \_\_\_\_\_

**Group Information**

Name of Group/organization: \_\_\_\_\_ **Group Representative Rep ID:** \_\_\_\_\_

I hereby authorize my group leader/decision maker to deduct and or request \$ \_\_\_\_\_ from me each month to pay for my group credit plan with Credit Action Solutions/Organization Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the 15<sup>th</sup> or 25<sup>th</sup> monthly.

Card #  Check box and enter if credit card address is different from your mailing address.

Exp. Date:  /  /  Look on back of card 3 or 4 digit security code (Mo./Yr.)

Verification Code:

**Cardholder Signature: X** \_\_\_\_\_

Master Card  Visa  Discover  AM EX