



# Credit Management Systems

LIMITED POWER OF ATTORNEY
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I do hereby grant a Limited Power of Attorney to Credit Management Systems, and any and all persons in their employ or designees for the express purpose of preparing and signing all documents, any and all oral communication written or otherwise with the intent of challenging and/or verifying information contained in the files maintained by the following consumer credit reporting bureaus: Equifax\_\_\_\_, Experian\_\_\_\_, and TransUnion\_\_\_\_. I have received and signed a copy of The Consumer Credit File Rights under State and Federal Law. I have initialed all credit bureau's I desire to be challenged and/or verified.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Name (Please Print)

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

PRIVACY DISCLOSURE NOTICE
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Credit Management Systems, is required by law to inform our clients of our policies regarding privacy of customer information. Therefore we are providing you with a copy of this policy.

CMS collects private personal information about you that is provided by you or obtained by us on your behalf with information you provide to us.

We do not and will not disclose our client's private (non-public) personal information obtained in our process to any third party, except as required by law. No third party will obtain information about you from CMS without your written consent.

CMS retains records relating to professional services that we provide so that we are able to assist you in your needs. To safeguard your personal information, we maintain physical, electronic and procedural methods that comply with our professional standards. If you have any questions, please contact us at 877-4MY-CMS1, because your privacy and our professional ethics are most important to us.

Initials \_\_\_\_\_

CUSTOMER ACCEPTANCE & ACKNOWLEDGEMENT OF CREDIT RESTORATION SERVICES

For quality and legal purposes it is necessary for CMS to have each client initial beside each of the below listed items to confirm that they received all of the following information. It is very important that our clients receive, read and understand all information provided to them by CMS and its representatives.

\_\_\_\_\_ Customer Agreement

\_\_\_\_\_ Limited Power of Attorney

\_\_\_\_\_ Privacy Disclosure Notice

\_\_\_\_\_ Consumer Credit File Rights Under State and Federal Law

\_\_\_\_\_ I fully understand my responsibility to this program and  
Acknowledge all my questions have been answered.

I also acknowledge the total cost to me at the price of \$\_\_\_\_\_ for services provided.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date