

Credit Consulting Agreement

Credit Healing LLC.

This agreement between Credit Healing LLC. (consultant) and you _____ (the client), is a legally binding agreement. Credit Healing LLC. agrees to provide consultation to clients wishing to improve their personal credit, finances, knowledge of their credit rights, credit identity theft, choices and options and more. For any efforts to be effective, you (the client) must be truthful and diligent in giving the correct information to Credit Healing LLC. Credit Healing LLC. reserves the right to cancel the agreement with any client it believes to be providing false or fraudulent information to us, its creditors or the credit bureaus.

Please note that we do not provide legal advice. We recommend that you consult your attorney and/or thoroughly read the Fair Credit Reporting Act or the Bill of Rights before you seek advice from one of our consultants. Credit Healing LLC. accepts no liability, nor responsibility for any damage or loss caused by your use or misuse of the information provided.

By federal law, you must know that YOU CAN DO THE CREDIT RESTORATION PROCESS YOURSELF. YOU ALSO HAVE 3 DAYS TO CANCEL THIS AGREEMENT, which must be done in writing and will discontinue the consulting process. You can read and review The Fair Credit Reporting Act and the Credit Repair Organizations Act at www.ftc.gov or by writing the FTC.

Please note that the agreed upon charge is for one or more of the following services: Initial Consultation and file preparation; Credit Analysis; Researching Laws and documents; Expertise and Knowledge; Reviewing Credit Reports; Data Processing; Consulting and Education; Opting Out process; Preparing documents; the Receipt of Educational Materials and our time.

Educational/informational materials and consultation will be given to you in one or more areas of: credit – why you should have good credit and how it can benefit you; credit scoring; how to read your credit reports; how to improve your credit rating; understanding the credit bureaus and credit restoration; understanding the advantages and disadvantages of using a Debt Consolidation or Credit Counseling company; stopping collection calls; validating debt – an unknown secret that Collection Agencies don't want you to know; prioritizing debt - what will help or hurt your credit; negotiate your debt properly and for less money; understanding all of your credit rights, options and choices; how to avoid being a victim of credit identity theft and what to do if you are a victim; establishing or reestablishing credit; credit information on current books and websites; how to respond to a civil summons if you are sued and more.

For these services above, you (the client) agree to make a total payment of \$349 which you will make [in this link](#).

The length of this agreement is one hundred fifty days (5 months) from its execution and all consultation must be scheduled and documents prepared during that period. We must follow all State and Federal Laws and will not deviate from them. If necessary, you can cancel our services at any time in writing.

To get started, you will provide the following items to credithealing@gmail.com:

- Your credit report which can be obtained from www.privacyguard.com which is \$1.
- Your signature in this agreement. If you don't have access to a scanner, you can take a picture with your phone and email it to me.
- A picture of your driver's license and social security card (if you don't have one, we can use your passport or utility bill).

Guarantee – Upon contractual agreement, you will be provided a 60 day, 100% money-back guarantee with our service. Although we cannot guarantee by law a certain outcome, we know that by utilizing the Federal Law, the Fair Credit Reporting Act, we can assist you in getting items deleted/corrected with an overall positive outcome.

Negotiating debt – We will teach you how to negotiate debt properly but if you request us to negotiate with your creditors or prepare additional documents other than listed above, there will be an additional fee. The amount of this fee will be discussed with you and agreed upon in writing before the work is performed.

By signing this agreement you (the client) agree to its conditions, agree to be truthful with your consultant, understanding that no promises have been made outside this agreement.

Client	Date	Social Security Number	Date of Birth
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Client (Spouse)	Date	Social Security Number	Date of Birth
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Authorized Agent	Date
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Credit Healing Limited Power of Attorney

I, the undersigned, _____, with Social Security Number _____, and residing at _____ appoint Credit Healing, LLC, as my Attorney-in-Fact /Agent with the power of delegation and substitution. This document shall be construed and interpreted as a limited power of attorney and my Agent shall have full authority to act on my behalf only in relation to the matters specified below:

1. Conduct any business relative to credit restoration and repair;
2. To negotiate on my behalf settlements with debtors;
3. To execute documents on my behalf in furtherance of the goal to repair and restore my credit;
4. Settle accounts, me and any other party and to demand, sue for, collect, adjust, settle or write-off any debts owed to me in any manner as he / she may deem fit; and
5. Prepare, sign and file documents relative to filing disputes with the major credit bureaus, collections agencies, and other parties to which debt may be owed.

I indemnify and hold harmless my Agent from any loss that results from an error made in good faith save for willful misconduct or the willful failure to act in good faith.

I indemnify any third party from any claims which may arise against the third party because of reliance on this power of attorney. My Agent shall provide accurate records of all transactions completed on my behalf if I so request.

My Agent shall be entitled to compensation for his / her services at a rate as set out by law and for reimbursement of all reasonable expenses in his / her duties as my Agent.

This limited power of attorney shall become effective on this ___ day of _____, 2018 and shall expire 1 year from today or at an earlier date if revoked by me in writing.

Executed this _____ day of _____ 20 ____ at New Orleans, Louisiana.

Signature: _____ Printed Name: _____

In the presence of the undersigned witnesses (optional):

Witness 1.

Signature: _____ Printed Name: _____

Address: _____

Acknowledgement

State of _____ Parish of _____

This document was acknowledged before me on this _____ day
of _____ 20__ by _____ (Principal's Full legal name).

Notary Public _____ Printed Name _____
My commission expires _____