

Borrower's Certificate & Authorization

Certification

The undersigned certify the following:

I/We have applied for credit repair with *Credit Repair Solutions*. I/We authorize *Credit Repair Solutions* to run my credit solely for credit repair purposes.

Credit Repair Solutions respects the privacy of their clients and does not collect personal identifying information without the client's permission.

Credit Repair Solutions understands the importance of protecting and securing information and using it appropriately. Access to information about you is restricted to the people of the Company who require it to provide products or services to you.

Collection of Data

The client's personal information as well as private information are exclusive only to *Credit Repair Solutions* and will be kept in holding of *Credit Repair Solutions* until compliance is met with the governing bodies of our services.

Credit reports obtained on behalf of the client for. *Credit Repair Solutions* is protected at all times and is used exclusively by *Credit Repair Solutions* for the purposes of providing the enrolled service of the client.

Credit Repair Solutions uses the information collected about you to conduct our business and to consistently provide you with the service you expect when using our services.

Sources of this information include the following:

Information we receive from you on applications and other forms or through your correspondence or communication with us including through the mail, by telephone, or over the Internet; information we may receive from credit reporting agency or from third parties to verify statements you've made to us; and information about your transactions with *Credit Repair Solutions* and with other companies outside of *Credit Repair Solutions*.

This notice updates and replaces any previous notices from *Credit Repair Solutions* about the privacy, security and protection of information. You may have other privacy protections under state laws. We may amend this notice any time, and we will inform you of any changes at any time.

Clients Name

Co/Clients Name

_____ Date

_____ Date

Social Security Number:

Social Security Number:

Date of Birth _____

Date of Birth _____

Address: _____

Address: _____

City _____ St. _____ Zip _____

City _____ St. _____ Zip _____

Credit Repair Solutions P.O. Box 572 South Gate, Ca 90280