

JMAX Credit Repair, LLC

Phone: 318-317-3232 Email: jmaxcreditrepair@gmail.com

www.jmaxcreditrepair.org

Dear Client,

Thank you for retaining JMAX Credit Repair to help improve your credit rating. We understand that the process of working to improve your credit can be confusing and difficult at times. So, in order to ensure that you completely understand the process, please read the following pages carefully. Upon review, complete all enclosed paperwork and result it to us with proper documentation and payment.

Please be sure to mail us all copies of all correspondence you receive from the Credit Bureaus after you retain u. The information contained in the reports you receive from the Credit Bureaus is essential to proceed in improving your credit rating. **And PLEASE do not try to apply for any Credit, while you're going through this process.**

We look forward to helping you restore your credit to good standing and are confident that you are making the right choice by hiring our company.

Best Regards,

Alan Jackson
Board Chairman/Realtor

Larry Ellis
Regional Manager/Sr. Credit Consultant

Exzavia Mitchell
Office Manager/Marketing Specialist

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Credit Repair Application

PLEASE PRINT

First Name: _____ MI: _____ Last Name: _____

Maiden Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

(If you have resided at current address less than 3 years)

Home Phone: _____ Mobile/Cell: _____ Fax Number: _____

Primary Email: _____ Secondary Email: _____

Date of Birth: _____ SS#: _____

Employed By: _____

Referred By: _____

Sign: _____ Date: _____

Cultural Background: ☐ White ☐ Black, African Am ☐ Asian ☐ Chinese ☐ Filipino ☐ Japanese

☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Other _____

****If applying with your spouse/significant other, you will need separate application. ****

*******FOR OFFICE USE ONLY*******

CCT Login & Password: _____

Client Profile Login & Passwords: _____

Mail.com Login & Password: _____

Police Report #: _____ FTC Case# _____

Experian

Trans Union

Equifax

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Permission Form

I. PRINCIPAL AND ATTORNEY-IN-FACT

I hereby appoint the following person to serve as my attorney-in-fact, to act for me in any lawful way with respect to subjects indicated below.

Name: Larry Ellis/ Rodney Jiles /Exzavia Mitchell

Address: 1545 Line Ave. Suite 175 Shreveport, LA 71101

II. EFFECTIVE TIME

This shall become effective immediately and shall continue to be effective on an as need basis or until I give written notice of cancellation.

III. PERMISSION TO WORK ON YOUR BEHALF

My attorney-in-fact shall have the power to act in my name, place and stead in any way which I myself could do with respect to the following matters to extent permitted by law:

The power to: Act on my behalf in negotiating payments terms with my creditors and also the power to submit letters on my behalf to all credit bureaus and receive documents that relate to my credit and credit history; that shall include credit reports, prior dealings with creditors and settlement offerings made by creditor.

IN WITNESS WHEREOF, the undersigned has executed this on the date set forth below.

Client's Printed Name

Spouse's Printed Name

Client's Signature

Spouse's Signature (if hiring us also)

Date: _____

Date: _____

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Customer Compliance Requirements

In order to update our client's records and to stay in compliance with JMAX regulations, we are required to obtain the following information. This information must be on file in order for us to complete transactions with you. Please initial by all that you are in compliance with.

General Provisions:

Notices. Any and all notices shall be given in writing and mailed Registered or Certified US mail; return receipt requested or sent via overnight courier service or by hand delivery to the other party at the address listed above. The date of receipt shall be deemed to be the effective date of the notice.

_____ I will comply an in depth with correspondence with creditors.

_____ I will comply an in depth to not send anything or talk to the Credit Bureaus while JMAX works on my file unless instructed otherwise.

_____ I will comply an in depth to not send anything or talk to your Creditors while JMAX works on my file, unless instructed otherwise.

_____ I will comply an in depth to mail or bring in ALL correspondence from Creditors and the Credit Bureaus to us when you receive it in the mail. If you do not receive these updates it your responsibility to contact us and tell us you haven't received it. You will receive your credit reports in a timely fashion, we cannot work on your credit files, which will delay your progress.

_____ I will comply an in depth to making all payment arrangements on time to all that applies to my file (i.e. Credit Repair Fees, Credit Card Payments, Car Notes, etc.).

_____ I understand that if I fail to comply an in depth to all above is subject to termination.

Termination: Either party may terminate this Agreement, should the other party breach any material term or condition contained herein, provided that the non-breaching party has given written notice of the breach to the breaching party and afforded the breaching party a thirty (30) day opportunity to correct and such party fails to so correct.

Refund Policy: We aim for complete customer satisfaction. We respect our customers' rights and always try to comply with best practice and all relevant laws. If you are not satisfied with any of our services, have any questions, please contact our office manager with proper documentation and submit a refund policy form. Your complaint will be submitted and reviewed by the Executive Board of JMax Credit Repair, LLC. You will receive and noticed of decision within 2-3 business days of submission.

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CREDIT REPAIR ORGANITION ACT FORM

Please initial each item to confirm that you understand the guidelines of the program without this document, we will not start your file.

____ You understand that through the program you will from time to time receive standard from letters from the three major credit bureaus that include but are not limited to: Letters telling you that you do not have to use a credit repair company, letters telling you that have to send proof of identification if the credit bureaus feel you cannot be identified with the documents submitted, etc. These are standard letters and you should not be alarmed. Simply mail these letters to us along with any undated credit reports you receive from each of the three credit bureaus.

____ You understand that we do not keep copies of all the paperwork you forward to us. Due to confidentiality and security reason, a very limited amount of information is kept in your physical file. All other paper work is shredded. It is your responsibility to keep copies of any paperwork that you may want to reference at a later date.

____ You understand that you should not send original court documents or collections notices to us. Only send copies of documents that will support your case (i.e. Proof of payment, court dismissal documents, etc.). We are not acting as your legal guardian in any way and it is your responsibility to see outside assistance if the need ever arises for an Attorney needed to protect your rights.

CREDIT REPAIR ORGANIZATION ACT

SEC. 405 DISCLOSURES

- (a) Disclosure required—any credit repair organization shall provide any consumer with the following written statement before any contract or agreement between the consumer and the credit repair organization is executed.

Consumer Credit File Rights under State and Federal Law

You have the 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 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 organization. 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, to be kept in you file, explaining why you think the record is inaccurate. The credit bureau must include a summary of your statement about disputed information with any reported 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. 2058

Client's Printed Name

Spouse's Printed Name

Client's Signature

Spouse's Signature (if hiring us also)

Date: _____

Date: _____

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CREDIT REPAIR FEE FORM

In order to begin process of improving your credit rating, please send us the following via fax or email.

- Copy of utility bill with your name and current address
- Government issued ID with current address (color copies only)
- SSN Cards (color copies only)

Need Copy of Credit Report? You can get from one of these online services

www.creditchecktotal.com

www.privacyguard.com

There is one-time charge of \$750.00 more or less for individuals and \$1,400.00 more or less from couples and that includes set up. The fee includes a detailed review of each of your 3 major credit reports. The goal is to evaluate each individual plan of attack that will give us the greatest opportunity for success.

The methods of payments are as follows: Debit/Credit Card, Cash, Money Orders, or Cashier's Check.

Note: Payment Plans are available; however the repair process will NOT begin until all payment have been received in full.

Remember:

1. Do not send anything to or talk to the Credit Bureaus while we are working on your file unless instructed otherwise.
2. Do not send anything or talk to your Creditors while we are working on your file, unless instructed otherwise.
3. Mail ALL correspondence from Creditors and the Credit Bureaus to us when you receive it in the mail. If you do not receive these updates it your responsibility to contact us and tell us you haven't received it. You will receive your credit reports in a timely fashion, we cannot work on your credit files, which will delay your progress.

Correspondence with Creditors

Do not talk to creditors unless you intend to pay your balances owed in full. We suggest you retain our services to settle each unpaid collections account. We have extensive experience in getting collections agencies to agree to delete the account from the credit report with payment. At a minimum, the best possible settlement will be negotiated.

Please Check:

File Description: Home, Fast Track, etc.

☐ \$_____ Single Person ☐ \$_____ Married Couple _____

(Individuals who purchase a house with Alan Jackson & Associates, LLC will receive a \$250 reimbursement.)

This agreement is in response to the undersigned (Hereby referred to as "the Client(s)") desire to hire JMAX Credit Repair. By signing this agreement, "the Client(s)" agrees that they read and fully agree with all terms contained in this contract. This agreement covers all representation made by JMAX Credit Repair and "the Client(s)" and can only be modified in writing by both parties. If "the Client (s)" has any addendum or changes, "the Client(s)" has any addendum or changes, "the Client(s)" must contact us with modification before signing this contract. We have successfully helped many clients improve their credit in the shortest time possible.

This consulting agreement is by and between "the Client(s)" and JMAX Credit Repair, LLC

PAYMENT DATES

X

Client Signature

X

Client Signature

Phone: 318-317-3232 Email: jmaxcreditrepair@gmail.com

7

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www.jmaxcreditrepair.org

Phone: 318-401-2147 Email:jmaxcreditlarry@gmail.com

Credit/ Debit Card Authorization

****Complete the page only if you are paying by his form of payment.****

Name as it appears on the card: _____

Card Number: _____

Expiration Date: ____/____ Security Code # _____

Amount: _____ Zip Code: _____

By signing this form, you are authorizing, JMAX Credit Repair, LLC to withdraw the amount for enrollment fee above from credit or debit card.

Sign: _____ Date: _____

*****Card will not be charged monthly without verbal authorization from client*****