



803-548-3008

ReNew You Financial Consultants presents
“ReNew You Holiday Specials”

Special are the following;

(1). **December Happy Holidays Package** -\$175 Initial Fee including a (6) month contract agreement at \$50/per month for updates

\$175 Initial Fee
(Initial Fee must be PD in FULL w/ contract signed)

Services included are:

1. Credit Repair- up to 30 collections/charge offs
2. Wealth Management- Finance management w/ budgeting.
3. 1hr – 1 on 1 Monthly updates/check-in visit for (6) months.

Packaged Valued at \$1750

(2). **December Merry Christmas Package** -\$275 Initial Fee including a (6) month contract agreement at \$100/per month for updates

\$275 Initial Fee
(Initial Fee must be PD in FULL w/ contract signed)

Services included are:

1. Credit Repair- up to 30 collections/charge offs
2. Credit Re-establishment
3. Wealth Management- Finance management w/ budgeting.
4. Tax Preparation for 2017 tax year
5. 1hr – 1 on 1 Monthly updates/check-in visit for (6) months.

Packaged Valued at \$2750



(1). **January Happy Holidays Package** -\$199 Initial Fee including (6) month contract agreement at \$50/per month for updates

\$199 Initial Fee
(Initial Fee must be PD in FULL w/ contract signed)

- Services included are
1. Credit Repair- up to 15 collections/charge offs
 2. Wealth Management- Finance management w/ budgeting.
 3. 1hr – 1 on 1 Monthly check-in visit for (6) months.

Packaged Valued at \$1250

This is an agreement between RYFC and the Client as signed below. We will increase your credit score and attempt the removal of all errors, misrepresentations, outdated, or unverified negative items on your credit reports that the client provides. We offer no debt consolidation and we do not make payments. This is strictly for credit restoration services.

The Client understands that this is a **(Monthly)** contract. Each month, the Client will pay a fee of \$50 or \$100 for the service that RYFC has already performed for the previous month. The Client agrees that the \$50 or \$100 will be electronically debited from clients' checking, savings, or credit card as indicated below. The Client understands that he or she may cancel from this program at any time without penalty.

The Client understands that each credit bureau investigative challenge will take approximately **30 to 45 days**. This contract will automatically renew itself each month accordingly. If there is no more work to be performed on the Client's behalf, then the Client will be cancelled automatically by RYFC There are no other fees at all associated with this service.

The Client understands that he or she should forward all correspondence (credit reports, letters, etc.) to RYFC as soon as possible after receiving. Do not send anything back to the different reporting agencies. If you have not received any credit reports or correspondence within 35 days from the return of this agreement, then the Client shall notify RYFC promptly. The Client understands that he or she should receive such reports every 30 to 45 days as work is performed and that all credit reports or letters



803-548-3008

must be sent to RYFC immediately. Failure to do so may prolong the term of this contract. Please notify RYFC of any changes in your mailing address or status.

The Client understands that by law, RYFC cannot offer any promises or guarantees as to the outcome or length of time to achieve results. However, if the Client is in full compliance with the terms in paragraph (4) and payments in paragraph (2) of this agreement, then the Client will be entitled to the following: If there is no improvement to the Client's credit reports or credit score within three (3) credit bureau investigative challenges, the Client will receive a full refund of their first three (3) months fees upon request.

The Client understands that due to the nature of this service, RYFC, our select staff may view your file for providing accurate service. We understand the importance of your privacy and RYFC agrees to take measures to limit the access to such information accordingly.

By law, RYFC is required to provide the following three (3) documents:

- (1) A "limited power of attorney" form that is used only for credit repair purposes. This form must be signed and returned;
- (2) The "Consumer Credit File Rights under Federal and State law." By signing below, the Client acknowledges that this has been received;
- (3) The Client's "Right to Cancel" form. The Client may cancel at any time by mailing or faxing this document to

RYFC

3203 Highway 21 Suite 202 Fort Mill SC. 29715

Fax: 803-548-3009

By signing/ initializing below, I agree to the above terms and conditions.

Please type your initials as your acceptance of this contract. (on line)

By law RYFC allows you to cancel this contract within three (3) business days from the date you signed the contract. You may cancel at any time when you are satisfied with your results.



803-548-3008

Client Signature

Date

Print name

Credit Consultant

Date

(Make sure the client signs this form or have the client's initials or name input to confirm agreement online)



803-548-3008

LIMITED POWER OF ATTORNEY

I, _____, residing at _____
_____ hereby appoint "Provider" as my Agent.

My Agent shall have limited power and authority to act on my behalf. This power and authority

shall be limited to, the power to:

1. Prepare, sign, and file documents with any credit reporting agency or creditor limited to, authorization to:

a. Prepare, sign and file disputes with credit reporting agencies by mail, fax or online.

b. Obtain information or documents from any creditor or its agencies, and negotiate, compromise,

or settle any matter with such creditor or agency.

This Power of Attorney shall be construed as a Limited Power of Attorney. The listing of specific

powers are intended to limit and restrict the powers granted in this Power of Attorney.

My Agent shall not be liable for any loss that results from a judgment error that was made in

good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good

faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under

this document.

This Power of Attorney shall become effective immediately. This Power of Attorney shall continue effective until rescinded by written notice to my agent:

Date: ___/___/___ Time: ___: ___ AM PM

Full Legal Name: _____ (printed)

Social Security Number: _____ D.O.B. _____

Signature: _____



803-548-3008

Consumer Credit File Rights Under State and Federal Law

You have a 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 from your report only if it is over 7 years old. Bankruptcy information can be reported for 10 years.

You have a right to obtain a copy of your credit report from a credit bureau. You may be charged a reasonable fee. There is no fee, however, if you have been turned down for credit, employment, insurance, or a rental dwelling because of information in your credit report within the preceding 60 days. The credit bureau must provide someone to help you interpret the information in your credit file. You are entitled to receive a free copy of your credit report if you are unemployed and intend to apply for employment in the next 60 days, if you are a recipient of public welfare assistance, or if you have reason to believe that there is inaccurate 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 organizations.

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.



803-548-3008

You may, on your own, notify a credit bureau in writing that you dispute the accuracy of information in

your credit files. The credit bureau must then reinvestigate and modify or remove inaccurate or incomplete information. The credit bureau may not charge any fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the credit bureau.

If the credit bureau's reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the credit bureau, to be kept in your file, explaining why you think the record is inaccurate.

The credit bureau must include a summary of your statement about disputed information with any report it 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. 20580.

There are non-profit organizations available that are funded by minimal client fees, grants, other voluntary contributions from creditors.

Client's Initials: _____

(I have read my Consumer Rights)



Notice of Cancellation (Provide to Client)

You may cancel this contract, without any penalty or obligation, at any time within three (3) business days of the date the contract is signed by you.

To cancel this contract, mail, fax, or deliver a signed, dated copy of this cancellation notice, or any other written notice to RYFC at 3203 Hwy 21 Suite 202 Fort Mill, SC 29715 before midnight on the third day after signing the contract.

I hereby cancel this transaction,

Date: _____

Social Security No.

Signature

Print full name

Send this back only if you wish to cancel.



803-548-3008

Full Name: _____

Address: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Social Security: _____

PG User Name: _____ Password: _____

MONTHLY FEE \$100/ \$50 will be electronically debited (photo copy card front and back)

Payment Method: Credit Card / Debit Card

Name: _____ (as it appears on card)

Credit Card Type: VISA MasterCard AMEX Discover

Card Number: - - - - - - - - - - - - - - - - - - - -

Expiration Month _____ Year _____

Card CVV: _____

Email Address: _____

THE FOLLOWING DOCUMENTS ARE NEEDED TO PROCESS YOUR FILE

1. Copy of driver's license / or State issued ID / or Copy of Passport (**clean color copy**)
2. Social Security Verification (as required by the credit reporting agencies):
*Copy of your Social Security Card / W-2 Form (**clean color copy**)
=====> COPY YOUR I.D. & SSN CARD ON THE SAME PAGE!!! <=====
3. Copy of recent bill: (utility, cable bill, phone bill, etc...)
***NOTE:** All copies should be sent in a clean **PDF** format