

Name: _____
Address: _____
Telephone: _____
Fax: _____
Email: _____
SSN: _____
Birth Date: _____
Today's Date: _____

CREDIT REPAIR AGREEMENT

A – **SCOPE OF AGREEMENT** – This agreement (“Agreement”) between Vitesse Financial LLLP, with a principal business address of 1730 South College Avenue, Suite 205, Fort Collins, CO 80525 (“Vitesse”), and the undersigned (“Client”) is for the express purpose of attempting to achieve credit report improvement. Vitesse will attempt the removal of errors, misrepresentations, outdated, inaccurate, or unverifiable information that appear on the credit report(s) Client has furnished to Vitesse that the Client claims in writing to be incorrect. Vitesse cannot remove accurate information from your credit report. This is not a debt consolidation or bill payment program. Vitesse does not provide “debt-management services” or serve as an intermediary between an individual’s creditors for the purpose of obtaining concessions. Federal law allows inaccurate or outdated information to be removed from a person’s credit report. Vitesse agrees to act diligently in the pursuit of this matter, and will carry out this agreement in compliance with all Federal and State laws. Vitesse promises only to perform the steps agreed to in each client's contract and to charge for its services only upon completion. As with any attempted credit restoration work, no particular outcome is promised or guaranteed.

B – **LEGALLY REQUIRED DISCLOSURE STATEMENTS** – Client has read and understands the disclosures required by Section 405 of the Credit Repair Organizations Act, and Section 107 of the Colorado Credit Services Organization Act, copies of which were supplied to Client prior to the signing of this Agreement. Client acknowledges receipt of two duplicate copies of the Notice of Cancellation required by Section 407 of the Credit Repair Organizations Act and Section 108 of the Colorado Credit Services Organization Act. Client acknowledges receipt of a copy of this Agreement. The name and address of Vitesse’s agent authorized to receive service of process in Colorado is Gregory Tilley, 1730 South College Avenue, Fort Collins, CO 80525.

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C – FEES FOR SERVICES – Client understands that there will not be any advance fee or other charges associated with the credit restoration services until after all services are performed. The client understands and agrees that the total fee will be \$295.00 for all costs and fees associated with the services provided pursuant to this Agreement, due immediately upon completion of services. Vitesse agrees to perform the services for this amount and states that there are no additional or hidden costs for the credit restoration services, although the credit reporting agencies may charge a fee for copies of your credit reports, depending on your circumstances. Should a payment by Client be returned, dishonored by your bank or credit card company, we will redraft the payment and add a \$15.00 late fee. We will continue to redraft your account during a 30-day period until payment is received. Interest shall accrue on any unpaid balance at the rate of 8% per annum. In the event of any necessary collection proceedings, Vitesse shall be awarded its reasonable costs, expenses and attorneys' fees.

D – SERVICES PROVIDED – Client understands that the services include consultation with Client, the evaluation of a credit bureau report and any correspondence or other communications necessary and appropriate to correct erroneous, misleading, incorrect, incomplete, unverifiable, or outdated credit report entries existing as of the date that this Agreement is signed by Client, identified by Client in writing to Vitesse as erroneous. Client agrees to provide Vitesse with the factual or other basis, in writing, for any disputed credit report entry. Client further agrees to provide those items listed on the attached Appendix A. Vitesse will send the credit bureaus dispute letters requesting correction or deletion of the disputed accounts or entries as outlined in writing by the customer. Client agrees to send all correspondence and credit reports to Vitesse as soon as received. Client must notify Vitesse if they have not received any credit reports or correspondence from the credit reporting agencies 40 days after the last correspondence from Vitesse or the credit reporting agencies.

E – ESTIMATED DATE OF COMPLETION – Vitesse will not commence work prior to midnight of the fifth working day after Client's signing of this agreement. Vitesse estimates that the services to be performed pursuant to this Agreement shall be completed on the date that is **four (4) months** from the date this Agreement is signed by Client.

F – PRIVACY – Due to the nature of this credit service, Client understands that individuals that assist Vitesse may view client's file and its contents, and Client consents to such disclosure. All Vitesse employees have been alerted to the sensitivity and confidentiality of personal, non-public financial information. Vitesse will take all reasonable measures to ensure that this information will be handled in a responsible manner.

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G – LIMITED POWER OF ATTORNEY – By signing below, Client grants Limited Power of Attorney to Vitesse to write, sign, and transmit letters and electronic communications to the three major credit bureaus and Client’s creditors to dispute information in regards to Client’s credit report(s). Through this Limited Power of Attorney, Client also authorizes Vitesse to act as Client’s agent (disclosed or undisclosed) when performing services pursuant to this Agreement. Client may terminate this Limited Power of Attorney at any time by notifying Vitesse in writing of Client’s desire to do so. Client acknowledges and agrees that upon receipt of such notification Vitesse may consider this Agreement terminated.

You, the buyer, may cancel this contract without penalty or obligation at any time before midnight of the fifth working day after the date on which you signed the contract. See the attached notice of cancellation form for an explanation of this right.

Client Signature: _____

Print Name: _____

Dated: _____

Vitesse Financial LLLP

By: _____
Greg Tilley, Authorized Agent

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Schedule A

We will need copies of the following. Please Fax or Mail to Vitesse Financial LLLP at 1730 South College Avenue, Suite 205, Fort Collins CO 80525, Fax: 970.407.9172.

1. Drivers license or ID card.
2. Your social Security card (if you have one) OR any document that shows your name and SS# (such as W-2 form, pay stub, bank statement or medical insurance card.)
3. Any ONE of the following showing your NAME and CURRENT ADDRESS: electric, gas, water, cable TV bill, voters or auto registration or top part of any bank statement.
4. A copy of your current credit report(s) issued by a consumer credit reporting agency, which shall be annexed to this Agreement, with the adverse entries and proposed modifications clearly marked in writing by Client, including the factual or other basis for the dispute, which Vitesse shall attempt to repair.
5. A list of the adverse information appearing on Client's credit report that is to be modified and a description of the precise nature and factual or other basis for each such modification is as follows **Schedule B**.

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Schedule B

ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

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ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

ACCOUNT NAME/ACCOUNT NUMBER

Reason/basis for dispute:

Please add any INCORRECT PERSONAL INFORMATION (names, addresses, employment, etc.)

Any additional items please add additional page(s) in same format

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PLEASE FILLOUT INFORMATION BELOW FOR AUTOMATIC BILL PAY UPON COMPLETION OF SERVICES

First name:	_____
Last name:	_____
Street address:	_____
City:	_____
State or province:	_____
ZIP or postal code:	_____

For the credit card Automatic payment plan:

Please note we accept: Visa, MasterCard, American Express and Discover
 As well as all checking cards

Payment Information	
___: Pay By Credit Card	___: Pay By Check card
Payment method:	_____
(type of card)	
Card Number:	_____
Expiration Date (MM/YY):	_____

For the checking account Automatic payment plan:

Please fill out the ABA number and the checking account number.
 Also please send in a VOIDED check with this form

___: Checking	___: Savings
Payment method: Vitesse Financial Inc	\$295.00
<u>Two hundred ninety five dollars and 00/100 -----Dollars</u>	
For credit repair Services	
ABA:	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div>

 Client, Signature and Date

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