

New Start Financial Corporation
6860 N. Dallas Parkway
Second Floor
Plano, TX 75024

Credit Consultant & Counseling Contract

Fill this form out and fax or email to:

Fax: 469-519-3956

Email: help@yourcreditspecialist.com

This is a Credit Repair consultant service contract herein after referred to as “agreement” between New Start Financial Corporation located at 6860 North Dallas Parkway, Second Floor Plano, TX 75024. Herein after referred to as “Service Provider” and the individual who is contacting service provider herein referred to as the “client”.

This agreement between the Service Provider and the client herein after referred to as “the Parties”, Is for the purpose of hiring Service Provider for credit counseling advice for the purpose of education and helping improve their overall consumer credit profile.

The “client” agrees to pay the amount payable for the service they choose in accordance with the payment provisions in the website as valuable consideration to contract service provider and the client agrees to pay for the service as set forth in the “Prices” section of this agreement. The amount the client will pay service provider will be described with our invoice provided to the client.

The Service will include:

1. Answering specific and general questions on how to the service provider’s knowledge the credit bureaus and collection agencies operate their businesses.
2. Reviewing the client’s credit reports and making suggestions on what would need to be accomplished in order to help the client’s overall credit file and credit score improve.
3. Making recommendations on how to rebuild the client’s credit profile to improve their credit score.
4. Sending to the consumer at their request (via email) general form letters used in the credit repair and debt settlement process. The client will need to customize these letters of his/her own specific situation.
5. A customized cease & desist letter to stop collection agency harassment
6. Help and provide direction for preparing a budget and pay down debt (Tier II only).

The Service Provider agrees to use its best efforts to provide the services, and will perform them in accordance with all Federal and State Laws.

The Service Provider makes no guarantees of any kind that the services provided will improve the Clients credit situation and recommends that the client thoroughly research his/her situation before acting on information and advice provided by service provider. The improvement of the client's credit or debt situation is entirely up to the client's future actions and decision to improve his/her own credit and debt situation.

Client Service options and rates:

Tier 1 - \$ 75.00 for thirty minute consultation

Tier 2- \$ 99.00 for thirty minute consultation (Mr. Sanford is the Tier II consultant)

The client understands and agrees that the services shall be provided prior to the telephone consultation and the credit card will be charged **after** the telephone consultation when the session ends **and** the 3 day right of cancellation period has expired **and** the client has not contacted the service provider within this time period to cancel.

You may cancel this contract without penalty or obligation at any time before midnight of the 3rd business day after the date on which you signed the contract. See the attached notice of cancellation form.

Client Printed Name

Client Signature

Date

Email Address

Please provide two different dates and times to speak with a consultant:

First option (day)

Time

Second Option (day)

Time

- **At scheduled time of appointment please be ready to receive your call from your consultant.**

Please give us 24 hours to schedule you a consultant that fits your specific needs.

Credit Card Authorization Form

Merchant Information

New Start Financial Corporation
6860 N. Dallas Parkway
Second Floor
Plano, TX 75024
469-424-3031

() VISA () MasterCard () American Express () Discover

Credit Card Number _____

Expiration Date: ____ / ____ Security Code: _____

Name on the Card:

Credit Card Billing Address _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____ Amount \$ _____

This authorization is to remain in full force and effect for this transaction only, or until such time that my indebtedness to MERCHANT for the amount listed above is fully satisfied. The specific debit to my account authorized herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date.

I may only revoke this authorization by contacting MERCHANT in writing directly at the address listed above, and only in the case that I return the good, product and/or service provided to me by MERCHANT pursuant to their particular return policy in effect the date this authorization is granted.

Signature Date