**EXHIBIT D - LIMITED POWER OF ATTORNEY**

This form is a limited power of attorney and will be used for the sole purpose of helping with the restoration of your credit. This does not give us full power of attorney over any of your other affairs.

I, **(Customer NAME)**, a resident of **(Customer County)** county, of the State of **(Customer State)** give **(CRO NAME)** its officers, employees and agents, the necessary power and authority, in and on my behalf, to act as my attorney-in-fact in order to undertake and perform the following matters only as set forth herein: obtaining information, including but not limited to credit reports in my name, over the telephone, fax, and internet, through written or online correspondence from credit bureaus, creditors, or collection agencies.

If negotiation of a debt is necessary I give **(CRO NAME)**, its officers, employees and agents the right to discuss information to help resolve a debt. I hereby authorize **(CRO NAME)**, its officers, employees and agent’s this release or copy thereof within **(XX)** months of this date to obtain any information in my credit report that may involve medical records and/or credit records.

I hereby direct said record holder authorization to release any requested information upon the presentation of this Limited Power of Attorney. I hereby release the bearer of this authorization as well as the recipient, including but not limited to, the Custodian of such records, Repository of the Court Records, Credit Bureaus (TransUnion, Equifax, Experian, Innovis, Chexsystems), consumer reporting agencies, retail business establishments, lending institutions, student loan agencies (public and/or private), from liability including whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization to release information, or any attempt to comply with it.

I have the right to revoke or terminate this Limited Power of Attorney at anytime. This Limited Power of Attorney shall terminate **(XX)** months from the date of execution set forth below. My attorney-in-fact shall not be liable for any acts or decisions made in good faith and pursuant to the terms herein. All issues pertaining to validity, interpretation, and administration of this Limited Power of Attorney shall be determined in accordance with the laws of **(CRO State).**

**It is agreed that this Limited Power of Attorney has been signed prior to the execution of the Contractual Agreement between the parties.**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Name In Print

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature Date of Customer Signature