

POWER OF ATTORNEY LIMITED TO CREDIT RESTORATION

I, _____ a resident of _____ State

Give and appoint, _____, as my assistant for my behalf, as set forth in the following matters only; signing of correspondences, addressed to credit bureaus and creditors, obtaining credit information over the telephone, fax, through written correspondence from credit bureaus, creditors or collection agencies. If mediation of and debt is necessary, I give, _____ and its officers the right to discuss information to help resolve a debt. I hereby release the bearer of this authorization as well as the recipient, included but not limited to the custodian of such records, Repository of the Court records, Credit Bureaus (**Trans Union, Equifax and Experian**) and consumer reporting establishments. I have the right to revoke or terminate this power at any time.

I have been made aware of the fact that I do not need to pay for this service and could attempt to repair my credit on my own.

Power Giver Information:

Name _____

Address _____

Social Security ____ - ____ - _____

Signature _____

Date _____

Telephone Number _____

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

(Your Company Name). Officer _____ **Date** _____

Signing Officer: _____

Start Date _____