

Company Name: _____

Principal Address: _____

City, State, Zip Code: _____

Telephone / Fax: _____

Website / E-mail: _____

Date: _____ Customer Account Number: _____

This contract is between you, the Customer, and us, the Company providing the credit services

CUSTOMER AUTHORIZATION:

By signing this contract, the Customer is authorizing the Company to find a lender on the Customer’s behalf.

COST OF SERVICES/METHOD OF PAYMENT

The total cost to the Customer for services provided by the Company is \$ _____.

DESCRIPTION OF SERVICES TO BE PERFORMED BY THE COMPANY

1. Advise the Customer of their rights and responsibilities concerning the types of credit being sought on the Customer’s behalf.
2. Assist the Customer with completing applications to be submitted to the Company’s lending partners on the Customer’s behalf.
3. Submit the Customer’s application for credit to one or more of the Company’s lending partners on the Customer’s behalf.
4. The Company will maintain the Customer’s personal information in strict confidence. The Customer’s information will be released only to persons, merchants, creditors, or organizations necessary to complete the services described in this contract.

ESTIMATED TIME FOR COMPLETION OF SERVICES

The estimated length of time required to complete the above services is _____ week(s) / month(s).

GUARANTEES/REFUNDS/OTHER PROVISIONS (IF APPLICABLE)

ACTIONS REQUIRED OF THE CUSTOMER

The Customer agrees to provide the Company with full and accurate personal information and/or the documentation needed to make an application for credit with one or more of the Company's lending partners.

DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE RECEIVED AND READ THE INFORMATION STATEMENT AND NOTICE OF CANCELLATION REQUIRED BY STATE LAW, EVEN IF OTHERWISE ADVISED. BY SIGNING THIS CONTRACT, YOU ACKNOWLEDGE RECEIPT OF THESE DISCLOSURES PRIOR TO THE TIME OF SIGNING AND AGREE TO THE TERMS OF THIS CONTRACT.

YOU, THE CUSTOMER MAY CANCEL THIS CONTRACT AT ANY TIME BEFORE MIDNIGHT OF THE 5TH DAY AFTER THE DATE OF THE TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

Customer Signature: _____ Date: _____

Company Signature: _____ Date: _____

YOU THE CUSTOMER, ARE ENTITLED TO AN EXACT COPY OF THIS CONTRACT AS WELL AS ANY OTHER WRITING SIGNED BY YOU IN CONNECTION WITH THIS CONTRACT AT THE TIME YOU SIGN.

CREDIT SERVICES AGREEMENT

CUSTOMER INFORMATION

Customer's Social Security
Number:

Customer's Full Name:
(Include Jr., Sr., II, III, etc., as applicable)

Customer's Maiden Name:

Customer's Full Address:
(Not a Post Office Box)

Customer's Mailing Address
(If different)

Customer's Date of Birth:

Customer's City & State of Birth:

THE REGISTERED AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS IN WISCONSIN ON BEHALF OF THE CREDIT SERVICES ORGANIZATION:

Name of Agent:

Address of Agent:
(Not a Post Office Box)

City, State, Zip Code:

**THIS CREDIT SERVICES ORGANIZATION IS REGISTERED BY
THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS
P.O. Box 8041, Madison, Wisconsin 53708-8041**

NOTICE OF CANCELLATION

You may cancel this contract, without any penalty or obligation, within five (5) days after the date on which the contract is signed.

If you cancel, any payment made by you under this contract will be returned within 15 days following receipt by

_____ of your cancellation notice.

(Credit Services Organization Name)

To cancel this contract, mail or deliver a signed and dated copy of this cancellation notice, or any other written notice to:

(Name & Address of the Credit Services Organization)

No later than midnight _____.

(Date)

I hereby cancel this transaction.

Printed Name: _____

Signature: _____

Date: _____

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