



# UCES CREDIT RESTORATION Enrollment Application

Mail To: United Credit Education Services, PO Box 130, Farmington, MI 48332

Phone: (248) 848-9065, option 1 Fax: (248) 848-9140 E-mail: customersupport@united-credit.org

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mr  Ms First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Ini. \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I am a member of the \_\_\_\_\_ Credit Union.

I am not a member of a credit union, but I am interested in becoming a member.

**\$499 30-Day Split Payment Option** First Payment: \$250 + Second Payment: \$260 = Total Payment: \$510

Please select the appropriate payment option. As per your selection on 2nd payment, United Credit Education Services payment processing department will charge your account as indicated. Note: Missing or Invalid Payment information may delay in processing the application.

**Tender:** Credit Card  Personal Check  Business Check

**Payment by Credit Card**

VISA  MasterCard  Discover  American Express

Credit Card No. \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Payment by Personal Check**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

Check Writer's SSN: \_\_\_\_\_ Check Writer's Phone Number: \_\_\_\_\_

Check Writer's Name: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Payment by Business Check**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

FIN: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please accept my application and enroll me in the services of United Credit Education Services. I hereby give authorization to request credit reports from all three consumer credit reporting agencies on my behalf. I understand that I have three (3) business days to cancel this application. After 3 business days, a processing fee deduction may apply. I have read and understand the application and the Terms and Conditions of Enrollment.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Sponsor Agent Name: PRISCILLA HAMMOND



Sponsor Agent ID: 325772

**Internal Use Only**

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_ User Initials: \_\_\_\_\_ Approval Code: \_\_\_\_\_



# UCES CREDIT RESTORATION Terms and Conditions

## Terms and Conditions of Enrollment

1. United Credit Education Services ("UCES") provides financial education services and products. UCES IS EXEMPT UNDER THE CREDIT REPAIR ORGANIZATION ACT (15 U.S.C. 1679, *et seq.*) AS A 501(c)(3) CHARITABLE NONPROFIT ORGANIZATION AND IS NOT A CREDIT REPAIR ORGANIZATION. ALL SERVICES AND PRODUCTS PURCHASED BY A CONSUMER ARE PERFORMED BY EMPLOYEES OF UCES.
2. Applicant agrees to promptly provide UCES with copies of any and all correspondence received from the credit reporting agencies and creditors supplying information to those agencies, which relates to inaccurate credit report entries that are subject to challenge and verification pursuant to this Agreement within fourteen (14) days of receipt thereof. Applicant understands that credit reporting agencies have no obligation to remove accurate, verifiable information unless it is listed beyond that period of time in which it is lawful to report it. Applicant understands UCES cannot guarantee specific results due to the fact that all results obtained are dependent on a variety of factors, some of which are outside the control of UCES, including Applicant's ability to repay creditors, the cooperation of Applicant's creditors, and the credit reporting agencies' ability to verify information provided to them by Applicant.
3. Once Applicant has been enrolled and the account is set up, Applicant must continue working in good faith with UCES through the completion of three (3) dispute cycles. Applicant agrees to send all correspondence received from any credit agency to UCES. After the completion of three (3) dispute cycles, if Applicant is not satisfied, Applicant may request a refund less a one hundred twenty-five dollar (\$125.00) set up fee and a twenty-five dollar (\$25.00) fee for each inaccurate credit item removed or corrected during the time Applicant was enrolled in the services of UCES. To be eligible for a refund, the total sales price must be paid in full. No refunds will be issued on contracts with balances due or where only partial or installment payments have been made.
4. If paying by check, your check may be electronically deposited. For any late payment received after the due date, a \$25 fee will be applied, including declined charge payments or ACH payments, and returned checks.
5. Applicant may cancel his or her enrollment within three (3) business days from the date this Enrollment Agreement is received by UCES. To cancel this enrollment, please send written notice stating your contact information and request for cancellation by fax to: (248) 479-0675 or mail to United Credit Education Services, PO Box 130, Farmington, MI 48332. There is no penalty for cancellation. If you cancel within those three (3) business days, you will receive a full refund of the entire payment made to UCES and all obligations between the parties shall be null and void.
6. A \$10 fee may be applied to replacement copies of dispute letters.
7. If a dispute arises out of this contract, and if it cannot be settled by the parties, the parties agree first to try to settle the dispute by mediation administered by any mutually agreed upon mediator pursuant to the Commercial Mediation Procedures of the American Arbitration Association ("AAA"). If they do not resolve the dispute within 60 days, then, upon notice by either party to the other, all disputes, claims, questions or differences shall be finally settled by binding unappealable arbitration administered by any mutually agreed upon arbitrator (or if none can be agreed upon, then by the AAA) pursuant to the Commercial Arbitration Rules of the AAA. In any such proceeding, which must take place in Oakland County, the State of Michigan, each party shall bear their own attorney fees and costs, however, the fees and costs of any neutral mediator or neutral arbitrator shall be paid by UCES. Additionally, Applicant agrees not to initiate or participate in any class action proceeding against UCES, whether in a judicial or mediation or arbitration proceeding, and Applicant waives all rights to become a member of any certified class in any lawsuit or proceeding.
8. For LA Residents ONLY:

### DISCLOSURE STATEMENT

Pursuant to section 3573.6 of the Credit Repair Services Organization Act (Act), a buyer entitled to damages from a credit repair organization has the right to proceed against the surety bond obtained by the credit repair services organization under section 3573.4 of the Act. This Disclosure Statement must be provided to the buyer of credit repair services before execution of any contract or agreement or payment of any money or other valuable consideration. Buyer acknowledges receipt of this Disclosure Statement before execution of any contract or agreement or the payment of any money or other valuable other consideration.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS OF ENROLLMENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# UCES CREDIT RESTORATION Enrollment Application

## Please Notice!

The following documents are required by the credit reporting agencies United Credit Education Services **CANNOT** PROCESS YOUR APPLICATION WITHOUT THE FOLLOWING ITEMS:

**1. Social Security Verification.** Listed below are the documents accepted by the credit reporting agencies, include **ONE** of the following:

- ∅ Copy of your Social Security card
- ∅ Copy of your pay stub showing your full 9-digit Social Security number
- ∅ Copy of your W-2 tax return form
- ∅ Photocopy of Health Insurance Card showing your full 9-digit Social Security number

**2. Address Verification**

- ∅ Photocopy of a preprinted bill (utility, credit card, etc.) with your name and current address where you reside.
- ∅ Photocopy of your driver's license

**3. Completed Application** (including payment)

**4. Signed Terms & Conditions of Enrollment**

**Fax To: 248-848-9140**

**Mail To: United Credit Education Services**

**PO Box 130, Farmington, MI 48332**

**E-mail: [customercare@united-credit.org](mailto:customercare@united-credit.org)**

Signature \_\_\_\_\_ Date \_\_\_\_\_