

DEDICATED CREDIT REPAIR

Credit Card Authorization Form

(Please write or type your info clearly, no cursive)

First Name: _____

Last Name: _____

SSN: _____

Address: _____

DOB: _____

Email: _____

Credit Card Number: _____

Expiration: _____

3 Digit Code: _____

I agree to pay a one time enrollment fee of 299.00 and 109.00 a month beginning month two.

Please Note: DCR bills monthly in arrears. There is no cancellation fee. Clients will be required to pay for the services provided in the month prior to cancellation. Average program length is 4-6 months but program timeframes can vary from person to person.