

MFN Credit Repair Order / Agreement Form

Name _____ Co-Applicant _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Social Security Number _____ Co-Applicant SSN _____

Birth Date _____ Co-Applicant Birth Date _____

Contact Phone Number (_____) _____ Email Address _____

_____ I am ordering the web tutorial for \$37.54 (includes sales tax). On this choice, just fill in the email, your name and phone above, there is no need for you to sign or fill in the form below.

_____ I am ordering the individual credit repair for \$349 plus \$36, total \$385.

_____ I am ordering the credit repair for couples for \$495 plus \$72, total \$567.

_____ I am ordering the individual credit repair financing for 10 months for \$43.12 per month.

_____ I am ordering the couple's credit repair financing for 10 months for \$63.50 per month.

Enclose a check, payable to: **THE MFN GROUP**, for the proper amount that you selected above with this form. If you chose a financing method, enclose the first month's payment.

** If you chose a monthly payment option: Fill the monthly amount into the blank in the following agreement:

Payment Agreement

I agree to 10 equal payments of _____ (couple or individual) and I agree to pay this amount on time each month on the monthly anniversary of signing this form. I agree this is a legal debt and may be collectible in court. I agree that the prevailing party in any legal procedure to collect this debt will have their legal fees paid by the other party. I agree to 12% annual interest which is already calculated into the payment listed here. I agree that I may pre-pay the principal balance of \$385 or \$567 (circle one) at any time during the 10 months, and if I do, I will only owe the remaining balance less any interest except that interest which has already accrued. (I will not prepay it until I receive an exact pay-off amount from MFN Credit Repair.) I agree to a \$5 late charge if I pay my payment more than 15 days late from the due date. If the blank line on this paragraph is left blank, then this agreement for payments does not apply to me.

Authority to Use My Name For a Specific Reason Only

(This paragraph must be agreed to for the credit repair process to begin.) I agree by signing this form to allow **MFN Credit Repair** to send correspondence on my behalf to the 3 bureaus of Equifax, Experian and Transunion in my name(s) and they may execute the letters and investigations using my name and my return address. This permission here equates to a specific power of attorney usable for these 3 firms mentioned only.

Applicants Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____