

RELIANCE CREDIT INC



3940 10<sup>th</sup> Ave. N.  
Lake Worth, FL 33461  
Office (561)967-5066  
Fax (561)967-3684

## Broker Business Agreement Contract

Name: \_\_\_\_\_

Company Name (DBA): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #'s ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2007 I, \_\_\_\_\_, representing \_\_\_\_\_ agree to conduct business with RELIANCE CREDIT INC. for the sole purpose of providing and increasing the potential of our clients credit availability.

**FILE ACCESS**

Our company will have access to all referred credit files handled by RELIANCE CREDIT INC., with the understanding that our clients' information will not be disclosed or forward to any other mortgage company or affiliate of RELIANCE CREDIT INC.

**CONFIDENTIALITY**

It is my understanding and agreement that we will verify all pertinent paperwork prior to submitting it to RELIANCE CREDIT INC for further assessment and/or dispute of any derogatory credit in question (driver's license, social security card, proof of payments, etc). RELIANCE CREDIT Analyst requires that all requested correspondence be submitted via mail, e-fax, express delivery or in person.

Furthermore, we agree that all communication in connection with requests or updates will be made to our client(s) via us as liaison or intermediary, with the exception of a POWER OF ATTORNEY. This document will be used for the benefit of RELIANCE CREDIT to conduct any research or disputes on behalf of our client(s) to creditors and/or credit bureaus.

**PAYMENT**

I agree to pay RELIANCE CREDIT INC through a company check or cashier's check in the amount of \$450.00 per client, a one time flat rate with no hidden fees or \$650.00 per couple if share same home address.

**RIGHT TO WITHDRAW**

I am aware that I have the right to withdraw my client(s) from the credit repair process prior to the conclusion of said process, without a refund. Withdrawal of my client(s) request must be made in the form of writing with my client's signature and date. See REFUND if withdrawing less than 10 days from application.

**REFUND**

I am aware that we will be entitled to receive a full refund if I withdraw my client(s) within the first 10 days of submitting request, pending that the funds have cleared RELIANCE CREDIT INC account.

**UPON COMPLETION**

Once the credit repair has reached its full potential within the allotted time frame (30 -90 days), we will receive a notice from RELIANCE CREDIT and an updated credit report for our clients.

**SATISFACTION GUARANTY**

It is my understanding that RELIANCE CREDIT INC will perform all and any possible means to repair and improve our client(s) credit with the understanding that the client(s) will adhere to any counseling and or suggestion from the Credit Analyst. We hold RELIANCE CREDIT INC harmless of any derogatory or incomplete process due to client(s) failing to provide required documentation or they continuance to make late payments.

I hereby further not.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY'S NAME INCLUDE DBA

## PAYMENT OPTIONS

**PLEASE** make sure that the information below is **correct** and **matches exactly** to the information that is on file for this account.

LIABLE FOR PAYMENT:    BROKER    or    CLIENT  
CIRCLE ONE

FORM OF PAYMENT:    CASH    CHECK    CREDIT CARD    MONEY ORDER  
CIRCLE ONE

**PLEASE MAKE ALL CHECK & MONEY ORDERS PAYABLE TO  
FRONTIER TRADING CORP. INC.**

### **Credit Card Information:**

Name: \_\_\_\_\_

Card Type:    VISA    MASTER CARD    DISCOVER    AMERICAN EXPRESS

Account # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Number # \_\_\_\_\_

3 Digit # on back of card where signature is required