



By signing below I acknowledge I have received, reviewed, and fully understand the Elite Credit Inc. **Credit Restorations Services Contract** and the **Consumer Credit File Rights Under State Law, and 2 cancellations**. I also understand that the credit restoration services being offered by Elite Credit come with a **DOUBLE MONEY BACK GUARANTEE**. All payments collected are collected in arrears for services rendered the previous months. I further acknowledge that my initial payment and signature below serves as authorization for Elite Credit to begin the credit restoration process.

Elite Credit Consultant _____

Please circle your desired investment plan below:

Elite Silver Plan - \$149 enrollment and \$99 monthly Elite Silver Plan with a partner- \$249 enrollment and \$168 monthly

Elite Bronze Plan - \$249 enrollment and \$199 monthly Elite Bronze Plan with a partner- \$399 enrollment and \$299 monthly

All programs are MOST effective throughout an 8 month process.

Printed Name _____

Partner Name _____

Current Mailing Address _____

Best contact phone number _____ Email address _____

Social Security Number _____ Date of Birth _____

Partner Social Security Number _____ Partner Date of Birth _____

Signature _____ Date _____

Partner Signature _____ Date _____

You may cancel this contract without penalty or obligation at any time before midnight of the 3rd business day after the date on which you signed the contract. See the attached notice of cancellation form for an explanation of this right.

ALL PAYMENTS WILL BE PROCESSED ON THE 1ST OF THE MONTH UNLESS YOU NOTIFY US OTHERWISE

PRIMARY CREDIT OR DEBIT CARD	Credit Card Type	Visa	Master Card
Name as it appears on card _____			
Card Number _____			
Expiration Date _____ 3 digit code on back of card _____			
SECONDARY CREDIT OR DEBIT CARD	Credit Card Type	Visa	Master Card
Name as it appears on card _____			
Card Number _____			
Expiration Date _____ 3 digit code on 3 digit code on back of card _____			