

## **The Washington Consulting Group Inc.**

*Providing Financial Solutions for Business and Personal Needs*

7 Bala Avenue, Cynwyd Place II, Suite 302 Bala Cynwyd Pa. 19004

Phones: Toll free 800-597-0663 Direct 610-668-3832 Fax 610-668-8599

Web: [www.CreditMinded.com](http://www.CreditMinded.com) Email: Info@CreditMinded.com

The following is our service fee agreement. Please print, sign and make a copy for your records. Please mail the original (pages 3-7) along with a clear, color if possible, photocopy of your driver's license or State Issued I.D., a copy of a utility bill with your name and current address and a payment (**see fee chart**).

If you are paying by **check, please make it payable to The Washington Consulting Group Inc.** in the amount of \$515.00, ( if you are paying in full), OR \$258.00, (if you choose option 2, the installment plan with a balance of \$250.00). You will also need to sign the check option on page 6. You may choose to debit the balance (see page 7).

You may also pay with your Visa or Master Card or PayPal (online) in the same amounts listed above. A processing fee is applied to all Credit & Debit card transactions.

If you choose to pay with a **money order, please make it payable to D. Alexander Washington,** in the amount of \$500.00, ( if you are paying in full), OR \$250.00, (if you choose option 2, the installment plan with a balance of \$250.00).

If you have any questions please feel free to call me at 610-668-3832.

Thank you,

Trudy T.

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### PLEASE READ THIS CAREFULLY

The Washington Consulting Group, Inc. wants to help you understand what to expect during the process of assisting you in restoring your credit worthiness. We will, on your behalf, on best effort basis address information listed in a negative/derogatory status to insure that such information is not in violation of your rights under the Fair Credit Reporting Act. Information listed on your credit report in a negative/derogatory status may cause you to be denied credit or may cause you to pay an extra premium cost for credit you are able to obtain. It is the responsibility of the consumer to review their credit reports to insure and confirm that information being displayed is correct; we will assist you in that effort.

**It is required to allow the credit bureaus thirty 30 days from the date they receive a request or a letter of dispute to complete an investigation of disputed information.** You will see the initial results in about five (5) weeks from the time the process starts and a total of about fifteen (15) weeks to complete the whole process. You will see results before we do since they are mailed directly from the credit bureaus to you. It is your sole responsibility as the client to provide us with all received and requested information needed for review so that an informed opinion can be made to assist you, the client in this effort. Please keep in mind that, **THE WASHINGTON CONSULTING GROUP INC.** is not in the business of credit repair, however, we do aide and assist our clients with any credit issues they may have under our credit education service.

Although you should not expect to start seeing results for about five (5) weeks, you should receive a confirmation letter from Trans Union or one of the other two (2) credit bureaus stating that they received your dispute about two (2) weeks after you get started. **Please forward this letter to us. Please do not call the office to see how your case is going if you have not already forwarded the ORIGINAL UPDATED REPORTS PLEASE DO NOT WRITE ON REPORTS. IMPORTANT:** You may receive a letter from Trans Union and possibly Experian or Equifax regarding credit restoration. These letters will suggest that no one can remove accurate information and that we are simply a company that claims to help you improve your credit rating; and you should get your money back. Please bear in mind that these statements are coming from companies that have been the #1 complaint to the Federal Trade Commission and many State Attorney Generals for years. In fact, in 1991 seventeen (17) State Attorney Generals sued TRW (Experian) who settled out of court. Each bureau has lost millions of dollars in punitive damages won by innocent consumers who have been victimized. These are companies who make enormous profits by selling as much information as possible. **THE WASHINGTON CONSULTING GROUP INC.**, assists clients to insure that information being sold about them meets with the Fair Credit Reporting Act, as well as, The Fair Debt Reporting and Collection Act.

Please bear in mind that throughout this process you will receive letters from the credit bureaus. They would like you to believe that credit restoration cannot work because when accurate entries are actually removed it compromises the integrity of the credit bureau. It also costs them both time and money. So now you can see why they have such a problem with credit restoration. When you get mail from the credit bureaus, past creditors and/or debt collectors, please forward to us the **ORIGINALS ONLY PROMPTLY** so we can continue to work on your case. We look forward to helping you achieve your future goals.

**Please contact our office if you do not receive updated reports for Experian, Equifax and Trans Union within 35 days from the time we start the process.**

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***THE WASHINGTON CONSULTING GROUP INC.*** is a private contractor, and the services being offered are offered solely by ***THE WASHINGTON CONSULTING GROUP INC.*** and not by any other corporation, company, or individual, which may have a working relationship with or may be contracted to or associated with. This is a service for hire agreement and **NO FEES PAID ARE REFUNDABLE.**

***THE WASHINGTON CONSULTING GROUP INC.*** shall base on a best effort basis assist the client in the services listed or as stated herein, under clients comments. Should a company, person, product or service be offered which ***THE WASHINGTON CONSULTING GROUP INC.***, may be contracted to or associated with a full disclosure will be made to the client.

### **SERVICE:**

**Credit Education:** Is the process of assisting clients with understanding credit and debt so they can make informed decisions about their use of credit. Your credit report shows your willingness to repay debt. Due to the new changes in the bankruptcy laws consumers may find it a little more difficult to resolve their credit issues. That is why we offer credit education, to assist clients with understanding the steps it takes to restore their credit rating.

*As requested by the under signed client, THE WASHINGTON CONSULTING GROUP INC.* shall assist you with the service listed above for one time upfront consultant service fee of \$500.00. Or the client can choose to make two (2) installment payments of \$250.00 for a total of \$500.00, (see fee chart). The consulting fee is **\$500.00 upfront or \$500.00 in installments** per client which is a one time fee, which shall/can be paid, electronically, by E-Check, Credit Card, and Debit Card, Money Order or Cash either in person, by mail or by phone. ***THE WASHINGTON CONSULTING GROUP INC.***, offers, additional services, these services may have fees required and will be based on the type of service(s) that you request and are based on conditions, which are outlined at the time of signing this and or any additional service agreements.

### **CLIENT'S COMMENTS:**

***Fee is \$500.00 Total FOR CREDIT RESTORATION SERVICE ONLY.*** \_\_\_\_\_

***Client's Initials***

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***Client's Contact Information and Payment Selection***

**NAME:** \_\_\_\_\_

**SSN:** \_\_\_\_ \_\_\_\_ \_\_\_\_ -- \_\_\_\_ \_\_\_\_ -- \_\_\_\_ \_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_ \_\_\_\_

**CONTACT NUMBERS:**

**Home:** ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

**Work:** ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

**Cell:** ( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

**EMAIL:** \_\_\_\_\_

**SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAID-IN-FULL            \$500.00**

**OR**

**AMOUNT PAID            \$250.00**

**Final payment due            (40 DAYS): \$250.00**

**PAYMENT ARE NOT AUTOMATICALLY CHARGED OR DRAFTED UNLESS REQUESTED (Page5)**

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**LIMITED POWER OF ATTORNEY**

**KNOWN ALL MEN BY THESE PRESENT THAT: (PRINT YOUR NAME BELOW)**

**THE UNDERSIGNED HEREBY MAKE CONSTITUTE AND APPOINT THE WASHINGTON CONSULTING GROUP, INC. AND THEIR AGENTS AND ASSIGNEES, AS MY TRUE AND LAWFUL ATTORNEY TO ACT ON MY BEHALF AND IN MY STEAD, FOR MY USE AND BENEFIT, IN ORDER TO:**

**INITIATE AND AFFECT ANY COMMUNICATION OR CORRESPONDENCE THAT MAY BE NECESSARY FOR NEGOTIATIONS OR OFFICIAL BUSINESS DEALINGS WITH ANY PARTY IN CONNECTION WITH FINANCIAL CONSULTING, CREDIT AND BUDGET CONSULTING, DEBT ARBITRATION, CREDIT NEGOTIATION OR LOAN PREPARATION ON MY BEHALF.**

**I HEREBY GRANT TO MY APPOINTED ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT THAT MAY BE NECESSARY, OR CONVENIENT RELEVANT TO THE FOREGOING, AS FULLY, TO ALL INTENTS AND PURPOSES, AS I MIGHT, OR COULD DO, IF PERSONALLY PRESENT ATTORNEY IN FACT SHALL LAWFULLY DO, OR CAUSE TO BE DONE BY HEREOF.**

**ADDITIONALLY I HEREBY AUTHORIZE MY APPOINTED ATTORNEY TO RECEIVE ANY AND ALL INFORMATION REGARDING MY ACCOUNTS. I FULLY UNDERSTAND THAT I AM RELEASING CONFIDENTIAL INFORMATION.**

**WITNESS MY HAND ON THIS DATE OF: \_\_\_\_\_**

**THE WASHINGTON CONSULTING GROUP INC. is a private contractor, and the services being offered are offered solely by THE WASHINGTON CONSULTING GROUP INC. and not by any other corporation, company or individual, which may have a working relationship with or may be contracted to or associated with. THE WASHINGTON CONSULTING GROUP INC., will based on its best effort assist the client in one or more of the services listed or as stated herein.**

**It is the sole responsibility of the client to provide all requested information needed for review so that an informed opinion can be made to assist the client in their efforts. Should a company, person, product or service be offered which THE WASHINGTON CONSULTING GROUP INC., may be contracted to or associated with a full disclosure will be made to the client.**

**NAME: \_\_\_\_\_**

**SIGN: \_\_\_\_\_**

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**THIS FORM *MUST* BE COMPLETED TO START THE PROCESS**

**PLEASE CHOOSE 1 PAYMENT OPTION**

1) PAID-IN-FULL

**\$500.00**

OR

2) AMOUNT PAID

**\$250.00    1 installment of \$250 due in 40 days.**

**INSTALLMENTS ARE NOT AUTOMATICALLY CHARGED UNLESS REQUESTED (PAGE 7)**

**If paying by CC: (see fee chart) Please charge my VISA or Master Card**

\$ \_\_\_\_\_

**My card number is:**

\_\_\_\_\_

**EXP. DATE \_\_\_\_\_ 3DIGIT CODE ON BACK OF CARD \_\_\_\_\_**

**Billing Address \_\_\_\_\_**

\_\_\_\_\_

Name on Credit Card \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of card holder

**If paying by check: (see fee chart) Enclosed is a check for \$ \_\_\_\_\_ payable to The Washington Consulting Group Inc. Please read and sign below.**

I authorize The Washington Consulting Group Inc. to use the information from my check(s) to initiate an Electronic Funds Transfer (EFT) or a paper draft to debit my bank account for the amount of the transaction. I acknowledge and agree that the merchant-initiated EFT is not a check transaction, and is governed by applicable EFT law. In the event that the EFT or draft is returned unpaid, I understand and agree that the merchant may charge a return fee to my bank account.

X \_\_\_\_\_

**If paying by Money Order: Enclosed is a money order for \$ \_\_\_\_\_, payable to D. Alexander Washington**

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**DEBIT AUTHORIZATION**

I Authorize The Washington Consulting Group Inc. to debit my **VISA** or **Master Card**  
**\$258.00, per page three of this agreement.**

**Payment due (40 DAYS): \$258.00**

Payments, (see fee chart), will be debited on or after the due date. If the payment date is on a day we are closed, we will process it on the next business day; if funds are not available please call our office to schedule a new date.

My Card Number Is:

\_\_\_\_\_ EXP \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_

Name on Credit Card \_\_\_\_\_

X \_\_\_\_\_

Signature of Card Holder

**PLEASE APPLY THESE PAYMENTS TO THE ACCOUNT OF**

\_\_\_\_\_  
NAME OF CLIENT (IF DIFFERENT THAN NAME OF CARD HOLDER)