



A NONPROFIT COMMUNITY SERVICE ORGANIZATION

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ACCREDITED



CREDIT REPORT REVIEW ORDER FORM
Three credit reports & three credit scores

I authorize Consumer Credit Counseling Service of the North Coast to obtain a Tri-Bureau Credit Report with all three (3) credit scores for the sole purpose of consumer counseling. The Tri-Bureau Credit Report, a comprehensive credit report containing credit information from all 3 of the major credit reporting agencies (Equifax, Experian, Transunion), with all 3 credit scores, will be given to me for my records in addition to a Credit Report review education session.

Print full Name _____
Social Security Number _____ Date of Birth _____
Work Phone () _____ Home Phone () _____
Current Address _____ City _____ State _____ Zip _____

The information that I have provided is truthful and accurate.

Signature _____ Date _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Tri-Bureau Credit Report with all 3 Credit Scores

_____ \$50 - Community _____ \$20 - Social Services
_____ \$25 - Annual Review _____ \$0 - Graduation

Name _____ Form of identification _____ Expiration Date _____

Verified By _____ Date _____

Statement of Services and Authorization for Credit Report Review

Please initial all statements below:

- _____ I grant authorization to Consumer Credit Counseling Service of the North Coast, herein referred to as CCCS, to obtain my Tri-Bureau Credit Report for the sole purpose of consumer counseling.
- _____ I understand that the review will be conducted by a certified counselor.
- _____ I agree to hold Consumer Credit Counseling Service, its employees, officers and agents harmless from any claim, suit, action or demand arising from the consumer credit counseling session herewith presented.
- _____ I understand that I am responsible for disclosing to CCCS accurate information, to the best of my knowledge.
- _____ I understand that CCCS is not in any way attempting or promising to affect my personal credit report at any credit reporting agency in any manner. I also understand that CCCS is solely acting as an interpreter of the credit information supplied to them, and is in no way responsible for the accuracy or inaccuracy of the information provided. I further understand that CCCS cannot make any guarantees regarding any dispute that I may file with credit bureaus regarding information contained in my credit files. I will be informed as to how to file a claim, and the needed paperwork will be provided in my packet. However, I understand that filing any dispute will not be done by CCCS.
- _____ I understand that an inquiry for my credit report will appear on my credit report in each instance when a credit report is obtained per my request by CCCS, and that the inquiries will be reflected as a consumer initiated inquiry.
- _____ I understand that the information provided by me with respect to name, address, social security number, date of birth, and employment used for identification purposes will be updated on my credit files if that information is different from existing information on my file.
- _____ I understand that the fee for the service will not be refunded once the report has been requested.
- _____ I understand that if I miss my appointment, I have 30 days from the original appointment to re-schedule another appointment. If I fail to schedule another appointment within 30 days, my fee for the service will be forfeited. If I schedule and miss the 2nd appointment, my fee for service will be forfeited and I will not be permitted to schedule another appointment without an additional fee.
- _____ I understand that if for any reason CCCS receive a check back due to non-sufficient funds (NSF), I will be required to send CCCS certified funds for the amount of the check plus a \$15 NSF fee.

Signature

Date

Print Name