

SAMPLE CREDIT SERVICES AGREEMENT - LOAN ARRANGER (FEE)

Company Name _____
Principal Address _____
City, State, Zip _____
Phone/Fax _____
Web site/e-mail _____

Date: _____ Customer's Account Number: _____

This contract is between you, the Customer and us, the Company providing the credit services.

CUSTOMER AUTHORIZATION:

By signing this contract, the Customer is authorizing the Company to find a lender on the Customer's behalf.

COST OF SERVICES/METHOD OF PAYMENT:

The total cost to the Customer for services provided by the Company is \$_____.

DESCRIPTION OF SERVICES TO BE PERFORMED BY THE COMPANY:

1. Advise the Customer of his/her rights and responsibilities with respect to the type of credit being sought in the Customer's behalf.
2. Assist the Customer with completing applications to be submitted to the Company's lending partners on the Customer's behalf.
3. Submit the Customer's application for credit to one or more of the Company's lending partners on the Customer's behalf.
4. The Company will maintain the Customer's personal information in strict confidence. Customer's information will be released only to persons, merchants, creditors or organizations necessary to complete the services described in this contract.

ESTIMATED TIME FOR COMPLETION OF SERVICES:

The estimated length of time required to complete the above services is _____ week(s)/month(s).

GUARANTEES/REFUNDS/OTHER PROVISIONS: (if applicable)

ACTIONS REQUIRED OF CUSTOMER:

Customer agrees to provide the Company full and accurate personal information and/or the documentation needed to make an application for credit with one or more of the Company's lending partners.

DO NOT SIGN THIS CONTRACT UNTIL YOU HAVE RECEIVED AND READ THE INFORMATION STATEMENT AND NOTICE OF CANCELLATION REQUIRED BY STATE LAW, EVEN IF OTHERWISE ADVISED. BY SIGNING THIS CONTRACT YOU ACKNOWLEDGE RECEIPT OF THESE DISCLOSURES PRIOR TO THE TIME OF SIGNING AND AGREE TO THE TERMS OF THIS CONTRACT.

YOU, THE CUSTOMER, MAY CANCEL THIS CONTRACT AT ANY TIME BEFORE MIDNIGHT OF THE 5TH DAY AFTER THE DATE OF THE TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

Customer's Signature _____ Date _____

Company Signature _____ Date _____

YOU, THE CUSTOMER, ARE ENTITLED TO AN EXACT COPY OF THIS CONTRACT AS WELL AS ANY OTHER WRITING SIGNED BY YOU IN CONNECTION WITH THIS CONTRACT AT THE TIME YOU SIGN.

CUSTOMER INFORMATION:

Customer's Social Security Number ____ - ____ - _____

Customer's Full Name _____ (Include Jr., Sr., II, III, etc., as applicable)

Customer's Maiden Name _____

Customer's Full Address _____ (Not a Post Office Box)

Customer's Date of Birth _____

Customer's City and State of Birth _____

REGISTERED AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS IN WISCONSIN ON BEHALF OF THE CREDIT SERVICES ORGANIZATION:

Name of Agent _____

Address of Agent _____ (not a Post Office Box)

City, State, Zip _____

THIS CREDIT SERVICES ORGANIZATION IS REGISTERED BY THE DEPARTMENT OF FINANCIAL INSTITUTIONS at P.O. Box 8041, Madison, Wisconsin 53708-8041