Credit Repair Program Testimonial Form

Personal Information

Note: This information will not be provided to anyone, just used for verification purposes. For the testimonials we will use the following information only: your first name, last initial, city, and state. If you would like to provide a picture we will post this with your testimonial. Thank you.

Name: Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____

Home Phone Number Alternate Phone Number

_____@_____

Email Address

Testimonial

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By signing below, the individual indicates that understand that the testimonial may be used for marketing purposes, and that the individual will not be compensated in anyway (except for a thanks and a smile) for their efforts.

Please fax completed testimonials to 1-586-314-8113 or mail to Consumer Information Bureau, ATTN: Testimonial Dept, 2301 W. Sample Road # 4-2A, Pompano Beach, FL 33073.

_____ _____

Print name Signature

_____ REV: BO061703

Date

MANAGEMENT USE ONLY: DATE RECEIVED _____