

# KAYDEM CREDIT HELP

## INQUIRY REMOVAL APPLICATION

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apt/Unit #  
\_\_\_\_\_  
City State Zip

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Indicate that you have lived at another address within the past 3 years by filling out the below address fields, otherwise leave blank.

Address: \_\_\_\_\_  
Street Address Apt/Unit #  
\_\_\_\_\_  
City State Zip

Have you disputed any items on your credit within the last 90 days? Yes/ NO

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Referred By: \_\_\_\_\_  
Name Email Phone

Driver license or Passport or State ID #: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*All information obtained in this documentation will be used for the sole purpose as described in the following contract and will not be shared with any 3rd parties outside of our normal business practice.*

*At Kaydem, we strive to ensure the security of our clients records as applied by law.*

Please Sign up for accounts at [WWW.CREDITCHECKTOTAL.COM](http://WWW.CREDITCHECKTOTAL.COM) (\$9.95 Month cancel anytime) and [www.CREDITKARMA.COM](http://www.CREDITKARMA.COM) (FREE) Then put user and password information below.

CreditCheckTotal.com

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

CreditKarma.com

USERNAME: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

**Please fax this entire agreement to us at (866)395-8742 Call Kaydem at (866)237-0013  
Or Mail to KAYDEM, PO Box 1196 Kinston, NC 28503**

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## YOU MUST INCLUDE A COPY OF THE FOLLOWING:

- 1) **DRIVERS LICENSE OR PASSPORT**
- 2) **SOCIAL SECURITY CARD OR W-2 TAX FORM**
- 3) **UTILITY BILL (Ex: phone, cable, credit card)**

## Client Agreement

This agreement is in between Kaydem and the Client, in order to do business with Kaydem and its partners, all clients are required to sign this agreement to allow Kaydem to process the removal of questionable inquiries before work is initiated. This agreement will extend to Kaydem and its partners, processors and affiliates.

**The cost of the removal of erroneous inquires will cost \$347 for a single inquiry removal application and \$497 for a joint application. (If joint, please indicate below)**

Is this a Joint Inquiry Removal Application circle Yes or No

If yes, whose application is it joint with? \_\_\_\_\_  
Name Email address

By signing this agreement, you agree to the above clause and conditions without remorse or regret. You also acknowledge that you were not forced or that misleading conduct was not performed to encourage you to sign this agreement. Any changes in this agreement will be provided to the client in writing 30 days prior to its implementation. If a client is unable to be reached by mail or phone, the agreement and its changes are final.

**By signing below, I agree that I have already paid online and understand the above fees. I also agree that I have read this document and will abide by the agreement set forth.**

\_\_\_\_\_  
Client Signature Date

**In addition, each client has a 3 day waiting period before this agreement is in effect. During this time, you have the right to cancel your contract with no fees. To cancel your contract, please send written documentation requesting cancellation of the services to the fax number located at the top of this form.**

## LIMITED POWER OF ATTORNEY

I do hereby grant a limited power of attorney to Kaydem, and any and all persons in their employment or designees for the express purpose of preparing and signing all documents written and verbal with the intent of challenging and/or verifying information contained in the credit files maintained by the following consumer credit reporting bureaus: Equifax, Experian, and Trans Union.

\_\_\_\_\_  
Print Name Date Witness Print Name Date

\_\_\_\_\_  
Signature Date Witness Signature Date

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