



CRDEIT REPAIR AGREEMENT

CLIENT _____

CLIENT S.S# _____

ADDRESS _____ City _____ Zip _____

OLD ADDRESS (if current is less than 2years) _____

HOME PHONE# _____

Client(s) agrees to pay the fee for services of Simpletouchgroup to be rendered: \$200 per one collection.

*Please return this from back to us with a copy of your Social Security Card and I.D.

CLIENT SIGNATURE _____ DATE _____



COLLECTION SIMPLE

Add: 880 W 1St, #610 Los Angeles, CA 90012

Tel: 866-402-8866

Fax: 213-625-8804

Email: info@collectionsimple.com

Website: www.collectionsimpe.com