



THE CREDIT DISPUTE CENTER
Take Back Your Credit Report

105 N. Castle Dr.

New Bern, NC 28562

sammy@thecreditdisputecenter.com

(888) 844-4686

LIMITED POWER OF ATTORNEY

This form is a limited power of attorney and will be used for the sole purpose of communication to the Credit Bureaus and Data Furnishers. This does not give us full power of attorney over any of your other affairs.

I, _____ whose address is _____
_____ whose date of birth is _____
_____ and, whose Social Security number is _____ appoint as my agent (attorney-in-fact) to act for me in any lawful way Credit Wellness Solutions LLC dba The Credit Dispute Center, its affiliates and/or subsidiaries in its official capacity as my authorized Agent; including but not limited to,

1. *The power to communicate on my behalf with third parties including, but not limited to: consumer reporting agencies; consumer data information furnishers, other sources (or potential sources) of consumer data information, and any other party concerned with or involving my credit, debt, and financial information and my credit, debt, and financial well-being. Such communication may include, but is not limited to, the full disclosure of my non-public, personal identifying information including my Social Security number and date of birth; and,*
2. *The power to have a "permissible purpose" to obtain and access on my behalf my consumer report.*
3. *Represent me in arbitration for credit reporting errors, and/or FCRA and FDCPA violations if my state law permits.*

All future correspondence is to be direct to The Credit Dispute Center c/o Sammy J. Dodd CEO at any of the following: (888)844-4686 OR 105 N Castle Dr. New Bern, NC 28562 OR sammy@thecreditdisputecenter.com.

SPECIAL INSTRUCTIONS: I *do* instruct that this Power of Attorney may be revoked by The Credit Dispute Center and/or by me at any time for any reason or for no reason at all.

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED OR FOR 2 years, WHICHEVER IS SOONER. THIS POWER OF ATTORNEY IS NOT AFFECTED BY MY SUBSEQUENT DISABILITY OR INCAPACITY. I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of their reliance on this power of attorney. I have duly acknowledged this document effective: ____/____/20____ regardless of the date on which it is signed.



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Signed this _____ day of _____, 2_____

SIGNATURE: _____

State of: _____

This document was acknowledged before me on this

_____ day of _____, 2_____

by _____

(signature of notary)

(printed name of notary)

My notary commission expires: _____

Seal, if any, of notary:

Credit Wellness Solutions, LLC BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT