



Client Notice of Right to Cancel

Client Name (Print): _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip Code: _____

You have a legal right to cancel this transaction, without charge, **within FIVE (5) BUSINESS DAYS from the date of signature.**

How to Cancel:

If you decide to cancel this transaction, you may do so by notifying us in writing at:

New Start Credit Consulting, LLC
P.O. Box 125
Rocklin, CA 95677

You may use any written statement that is **signed and dated** by you **and** states your intention to cancel or you may use this notice by dating and signing below. **Keep one copy of this notice because it contains important information about your rights.**

If you cancel by mail, you must send notice no later than MIDNIGHT of _____.

If you send or deliver your written notice to cancel some other way, **it must be delivered to the above address no later than the time indicated above.**

I wish to cancel. **Only** sign below here if you **truly intend to cancel.** Otherwise please leave blank.

Individual Signature

_____/_____/_____
Date

The undersigned acknowledges receipt of two copies of *Client Notice of Right to Cancel.

Individual Signature (Acknowledgement of receipt)

Date