

Consumer Advocacy Services Agreement ("Contract")

Thank you for engaging Second Chance Advocate, LLC. ("Company") to provide administrative services relating to consumer advocacy services.

This Agreement ("Agreement") is between Second Chance Advocate, LLC. ("Company") at a mailing address of 102 NE 2nd St #237, Boca Raton, FL 33432, and Lorraine Dedman ("Client"), residing at 13201 South Wakial Loop #1035 Phoenix, AZ 85044. We agree with you as follows:

1. PARTIES AND DEFINITIONS:

A. "Client" refers to you, as the consumer who is requesting services from Company.

B. "Program" refers to the consumer advocacy and administrative services to be provided by Company under this Contract and for the benefit of Client.

2. COMMENCEMENT: Company will begin commencement of its services to Client after Client signs the Agreement and authorizes Company to begin upon signature by Client of this Agreement. The services to be provided herein is a group of advocacy and administrative services for the consumer which consist of: (1) Client providing the Company a list of any and all business relationships entered into by the Client in which Client believes that it needs the assistance of an advocate to collect information and provide an analysis regarding the fairness and reasonableness of said business relationship and assist in evaluating the appropriateness of said business relationship (2) in the event any of said business relationships require the analysis of an attorney to determine lawfulness of said business relationship and/or legal compliance of the same then the Company, at its expense will retain the appropriate attorney for advice and/or for the direct and/or indirect benefit of the Client to formulate such an opinion and provide appropriate guidance, an attorney may be retained to advise the Client and/or the Company with issues that pertain to the Client (3) In the event Client issued upon any business relationship in which it has sought the assistance of the Company then the Company shall provide complete litigation defense to the Client and the Client shall not be responsible for the payment of attorney's fees for such matter for any attorney which Company hires at its choosing for the benefit of Client (4) Company shall also provide administrative services to Client in that Company shall assist in collecting information, communicating with third party businesses on behalf of Client and assist in the creation of correspondence and documents to address issues raised by third party businesses in which Client has sought Company's services.

3. PARTIES' RESPONSIBILITIES:

A. Company cannot and will not provide any legal advice to Client. Company shall only provide legal services through any attorneys hired directly for the benefit of Client or indirectly by retaining legal counsel for the Company.

B. In the event Client hires Company to deal with any business relationships that involve loans, either business or personal, the Client hereby understands that the Company is not a debt settlement firm, nor will it provide for the payment of any of such loans through the fees collected by the Company for its services.

C. In the event Client hires Company to deal with the creation and/or filing of documents, such service will only be done if it is deemed to be administrative in nature and allowed pursuant to the State laws of the locale where Client resides.

D. Communications - All written communication with Company should be mailed to:

Second Chance Advocate, LLC.
c/o Customer Care Department
102 NE 2nd St #237
Boca Raton, FL 33432

C. All documents and services enumerated in Section 2 shall be provided.

4. LIMITATIONS ON SERVICES:

A. Client has retained Company to perform advocacy and administrative services only.

B. CLIENT UNDERSTANDS THAT THERE IS NO GUARANTEE OF ANY SPECIFIC OUTCOME FROM SERVICES PROVIDED.

C. I have read and understand the provisions of this Contract. I understand that I have the option of canceling this Contract at any time, and that no further monthly fees will be removed upon cancellation.

5. PROGRAM FEE: The Fees are calculated based on the List of Services being requested asset forth in the exhibit attached hereto.

 X Monthly Payment: In consideration for all services to be rendered under this Contract, Client agrees to pay Company a first payment equal to 148.00 on 07/21/2023 . Client also agrees to pay Company \$ 134.00 on the 21st day of each month, commencing on 08/21/2023 and concluding on 01/21/2024 . Payment shall occur as an automatic pre-authorized debit from account/credit card designated by Client. Client agrees to complete the required written authorization to allow payment to be made by electronic funds transfer or Credit Card. All payments made to company are non-refundable. Client understands that failure to honor payments to Company when due may result in cancellation of their Program without further notice.

 Bi-Monthly Payment: In consideration for all services to be rendered under this Contract, Client agrees to pay Company a first payment equal to \$ on . Client also agrees to pay company \$ on the and day of each month, commencing on and concluding on . Payment shall occur as an automatic pre-

authorized debit from account/credit card designated by Client. Client agrees to complete the required written authorization to allow payment to be made by electronic funds transfer or Credit Card. All payments made to company are non-refundable. Client understands that failure to honor payments to Company when due may result in cancellation of their Program without further notice.

____ Bi-Weekly Payment: In consideration for all services to be rendered under this Contract, Client agrees to pay Company a down payment equal to \$_____ on _____. Client also agrees to pay company \$_____ on every other week each month, commencing on _____ and concluding on _____. Payment shall occur as an automatic pre-authorized debit from account/credit card designated by Client at client's option. Client agrees to complete the required written authorization to allow payment to be made by electronic funds transfer or Credit Card. All payments made to company are non-refundable. Client understands that failure to honor payments to Company when due may result in cancellation of their Program without further notice.

____ Full Payment: In consideration for all services to be rendered under this Contract, Client agrees to pay Company a Full payment equal to \$_____ on _____. Payment shall occur as an automatic pre-authorized debit from account/credit card designated by Client. Client agrees to complete the required written authorization to allow payment to be made by electronic funds transfer or Credit Card. All payments made to company are non-refundable. Client understands that failure to honor payments to Company when due may result in cancellation of their Program without further notice.

Furthermore, by executing this document you hereby grant us authority to charge your creditcard, debit card or any other form of payment as stated in the above payment schedule. The program will be completed approximately 6 months after the execution of this agreement.

6. ARBITRATION OF DISPUTES: In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach, termination, enforcement, interpretation, unconscionability or validity thereof, including any determination of the scope or applicability of this agreement to arbitrate, shall be determined by arbitration in Palm Beach County, State of Florida or in the county in which the consumer resides, in accordance with the Laws of the State of Florida for agreements to be made in and to be performed in Florida. The parties agree that the arbitration shall be administered by the American Arbitration Association ("AAA") pursuant to its rules and procedures and an arbitrator shall be selected by the AAA. The arbitrator shall be neutral and independent and shall comply with the AAA code of ethics. The award rendered by the arbitrator shall be final and shall not be subject to vacation or modification. Judgment on the award made by the arbitrator may be entered in any court having jurisdiction over the parties. If either party fails to comply with the arbitrator's award, the injured party may petition the circuit court for enforcement. The parties agree that either party may bring claims against the other only in his/her or its individual capacity and not as a plaintiff or class member in any purported class or representative proceeding. Further, the parties agree that the arbitrator may not consolidate proceedings of more than one person's claims and may not otherwise preside over any form of representative or class proceeding. The parties shall share the cost of arbitration, including attorneys' fees, equally. In

the event a party fails to proceed with arbitration, unsuccessfully challenges the arbitrator's award, or fails to comply with the arbitrator's award, the other party is entitled to costs of suit, including a reasonable attorney's fee for having to compel arbitration or defend or enforce the award. Binding Arbitration means that both parties give up the right to a trial by a jury. It also means that both parties give up the right to appeal from the arbitrator's ruling except for a narrow range of issues that can or may be appealed. It also means that discovery may be severely limited by the arbitrator. This section and the arbitration requirement shall survive any termination of this Contract.

7. TEXT MESSAGING: By electronically signing below, you authorize us, our assigns, successors, or servicing agents to send SMS Statement Notifications (as defined below) to any phone numbers provided to us, our assigns, successors, or service agents in connection with this service. As used in this Disclosure, "SMS Statement Notifications" means any SMS (text message) communications from us to you pertaining to your service sent to the phone numbers provided in connection with this service, including but not limited to payment information, account information, due dates, delinquent accounts, program updates, and other marketing messages.

8. ADDITIONAL SERVICES: As part of your monthly payment to us we provide certain additional services outside of those listed in the attached exhibit, only if additional fees are paid by you. The exhibit attached lists specifically which companies in which you are doing business that you have hired us to assist you, if you add on additional businesses for us to handle, then additional fees may apply for those additional services.

9. EXECUTION: By signing below, Client certifies that each of the following statements is accurate:

10. RIGHT TO CANCEL: Client has the RIGHT TO CANCEL THIS CONTRACT at any time. Client understands it must notify Company of its intent to cancel by contacting the Company Customer Care Center at (888) 899-0622, or by fax to (800) 787-8912, or email to support@secondchanceadvocate.com. Client agrees if it cancels this Contract after services have been rendered, Client is still obligated to pay for those services that have been rendered.

Client has read and understands the contents of this Contract including the services to be provided, the services not to be provided, who will perform the services and the fact that nothing is guaranteed as to results. The Company will use its best efforts to achieve the results sought by Client.

CLIENT NAME: Lorraine Dedman

ESIGNATURE: Lorraine Dedman

DATE: 6/29/2023



EXHIBIT A
NOTICE OF RIGHT TO CANCEL

Transaction Date: _____

Client has the RIGHT TO CANCEL THIS CONTRACT at any time.

Client understands it must notify Company of its intent to cancel by contacting the Company Customer Care Center at (888) 899-0622, or by fax to (800) 787-8912, or email to support@secondchanceadvocate.com.

Client acknowledges they are now canceled from the Program and the terms of the Agreement relating to the Document Preparation Agreement.

Client acknowledges Company will no longer correspond with any 3rd Party listed in Exhibit B.

Client acknowledges that all services in the agreement with Client are canceled effective immediately.

I HEREBY CANCEL THIS TRANSACTION.

Lorraine Dedman

Client

Social Security Number

Date

Co-Applicant

Social Security Number

Date

EXHIBIT B
CREDITOR LISTING SHEET

<u>CREDITOR</u>	<u>ACCOUNT #</u>	<u>AMOUNT OF DEBT</u>
Advance Financial (Online)		\$ 300.00
Net Credit (Online Lender)		\$ 1,000.00

Total: \$ 1,300.00 _____

AUTHORIZATION TO COMMUNICATE FORM

To Whom It May Concern:

I hereby authorize your firm, its employees and agents to communicate with, and provide any requested information to Second Chance Advocate, LLC. regarding any accounts or debts I may have with your company, including but not limited to the balance of my account, payment history, verification of the account, payment terms, or any other material information.

I further request that, until I give you further notice, you direct all further communications to the contact information provided below.

Lorraine Dedman

Name

Lorraine Dedman

Signature

SSN

6/29/2023

Date



**Customer Service Division
102 NE 2nd St #237
Boca Raton, FL 33432**

FAX AS SOON AS POSSIBLE TO 800-787-8912

CREDIT CARD AUTHORIZATION FORM

Client Name: Lorraine Dedman

*"I (we) hereby authorize **Second Chance Advocate**, hereinafter called Second Chance to initiate a monthly recurring creditcard transaction to the Credit / Debit card indicated below.*

Type of Card: _____

Credit Card #: _____

Exp Date: _____ (MM/YY)

Name as it appears on Card: _____

Billing Address of Card: 13201 South Wakial Loop #1035

Phoenix, AZ 85044

Card Verification #: _____

Amt of First Payment: \$ 148.00

Amt of Recurring Charge: \$ 134.00 X (Monthly)

 (Bi-monthly)

This authorization is to remain in full force and effect until SECOND CHANCE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SECOND CHANCE a reasonable opportunity to act on it.

Lorraine Dedman

Name
Lorraine Dedman

6/29/2023

Signature

Date

