



LIMITED POWER OF ATTORNEY

To: All Creditors/Creditors' Representatives/Collection Agencies.

I hereby duly authorize, empower and appoint COUNTY CREDIT CORP, including any of its attorneys, debt settlement negotiation staff and other parties it may designate as my Attorney-in-Fact, to communicate with any of my Creditors, Creditors' Representatives and/or Collection Agencies and obtain any requested information regarding any accounts or debts I may owe, including but not limited to the balance of my account, payment history, credit rating, verification of the account and any other information necessary to make satisfactory arrangements for the payment/settlement of such accounts or debts. Also to make good faith settlement and/or payment offers on my behalf to settle such accounts or debts.

This Limited Power of Attorney shall remain in force until or unless modified or rescinded in writing.

Client's(Borrower's)Signature: Date: _____

Name: _____

SS#: _____

DOB: _____

Address: _____