

# PREMIERE CREDIT

*of North America, LLC*

Complaints or Compliments? Call Toll-free 855-403-1894

PO Box 19309  
Indianapolis IN 46219

Please check if address has changed.  
Note new address on following page.

Toll Free (877) 636-9788

You have expressed to us that you wished to rehabilitate your defaulted Federal Family Education Loan Program (FFELP) education loans held by Pennsylvania Higher Education Assistance Agency (PHEAA).

We have calculated your monthly repayment amount to be \$\_\_\_\_\_ based on information about your income that you have provided to us. If you agree to make monthly payments of this amount, sign the agreement and return it to us at the following address:

**Premiere Credit of North America, LLC**  
**PO Box 19309**  
**Indianapolis IN 46219-0309**

If you fail to return the signed rehabilitation agreement, and/or fail or refuse to provide proof of income, family size or any other required expense or income documentation, the agreement is null and void, and your loans cannot be rehabilitated.

If you object to the monthly payment that we have calculated, we will recalculate your monthly payment based on more detailed information related to your financial circumstances. If you wish for us to recalculate your monthly payment, notify us of your objection by telephone or in writing. You must submit a financial statement form and any required supporting documentation. To obtain the form, click here: [Financial Disclosure Form](#), or call us at (877) 636-9788 . Based on the information that you submit, we will calculate a reasonable and affordable monthly payment.

**THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

\* NOTICE: PLEASE SEE NEXT PAGE FOR IMPORTANT INFORMATION \*

Please complete and return if address has changed

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please provide your cell phone number and e-mail address below. Carefully read the paragraph following which explains you are providing expressed consent for Premiere Credit to contact you by cell phone and/or e-mail. Please return to the correspondence address on the prior page.

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By entering my cell phone number above, I expressly consent to being contacted on this or a future cell number by an automatic telephone dialing system. By entering my email address above, I expressly consent to being contacted about my account via email. I understand that I will need access to a personal email account and have Adobe Acrobat Reader installed to open any attachments that may be sent. I understand that I may revoke my consent to be contacted by email or cell phone by contacting Premiere Credit directly at 877-636-9792 or at the address on the prior page, or by email at: [clientservices@premierecredit.com](mailto:clientservices@premierecredit.com).

Printed Name: \_\_\_\_\_

This letter confirms my acceptance into the loan rehabilitation program and my agreement to repay my defaulted Federal Family Education Loan Program (FFELP) loan(s) held by Pennsylvania Higher Education Assistance Agency (PHEAA). I understand that compliance with this agreement is a prerequisite to the rehabilitation of my loan(s).

I understand that I must make at least nine (9) monthly payments of \$ \_\_\_\_\_ beginning \_\_\_/\_\_\_/\_\_\_\_\_, with each payment due on the \_\_\_\_\_th/nd/rd of each month thereafter.

I also understand and agree to repay under the following terms and conditions:

1. To qualify, I must demonstrate my ability to remit satisfactory monthly payment(s). Federal regulations require a minimum of nine (9) voluntary payments for the full amount due to be received within twenty (20) days of the due date for the payment. All nine (9) payments must be received within a ten (10) month period that begins with the month in which the first required due date falls and ends with the ninth consecutive calendar month following that month.
2. If I fail to make these payments as explained here, I must sign a new repayment agreement and complete a new series of at least nine (9) agreed-upon payments in order to qualify for the rehabilitation of my loan(s).
3. I cannot change the monthly payment amount without the agreement of PHEAA or the collection agency servicing my account. I will provide a new financial statement and any supporting documentation in order to support a request to change my required monthly payment amount. I agree to provide three personal references.
4. I must continue to make monthly payments to Premiere Credit after I have completed the minimum of at least nine (9) payments as described above until I am notified in writing by my new loan holder that the rehabilitation has been completed and that I am to begin making payments directly to my new loan holder.
5. Any collection costs that I owe will be limited to sixteen percent (16%) of my unpaid principal and interest balance outstanding at the time my loan(s) are rehabilitated. These collection costs, along with any interest that I owe at the time my loan(s) are rehabilitated will be capitalized. This means that these collection costs and unpaid interest will be added to the principal balance, and this combined amount will become the new principal balance that I owe on the rehabilitated loan(s). Interest will accrue on this new, higher principal balance.
6. I understand that I can only rehabilitate my loan(s) one time. If I re-default on these loans after I have rehabilitated them, I will not be able to rehabilitate them again.
7. After the rehabilitation of my loans is completed, my new loan holder will establish a new due date, will calculate a new monthly payment amount based upon the balance owed at the time of the rehabilitation, and will notify me of these determinations. The amount of the required monthly installment payment may substantially increase, or could decrease. If I cannot afford this payment, I must contact AES Loan Servicing to discuss options that may be available to reduce my payment, including Income Based Repayment (IBR).
  - I understand that upon rehabilitation, PHEAA will request that consumer reporting agencies remove the record of default trade line submitted by PHEAA. I understand that the trade line reported by my student loan servicer (prior to my default) will not be removed.
  - I will regain any remaining deferment eligibility.
  - I will become eligible for new financial aid for which I am otherwise eligible.
8. If my wages are subject to an administrative wage garnishment order for the loans I intend to rehabilitate, I understand that garnishment will be suspended once I have made five (5) of the nine (9) payments required for rehabilitation, unless I direct PHEAA or the collection agency servicing my account otherwise. Once garnishment is suspended, I must continue making the payments according to this agreement until my loans are rehabilitated. If I fail to do so, garnishment may resume without further notification to me. This suspension will not occur if I have not signed and returned this agreement.

I have read the above and agree to the terms and conditions of the loan rehabilitation program and this repayment agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By providing a telephone number(s), I am expressly consenting to my schools, Department of Education, servicer, guarantor, owner, holder of my loan(s) or any of their respective agents or affiliates to contact me via automatic telephone dialing systems or similar device and/or using a prerecorded or artificial voice or message and/or by text message utilizing the telephone number(s) I provide which are associated with any wireless (mobile/cellular) phone or similar device or any other type of telephone number (included VoIP) regardless of the purpose of the communication, even if such communication incurs an access fee/charge from my provider/plan.

Return your agreement notice as soon as possible so that you do not delay the process of your rehabilitation

1. Ensure your name is correct.
2. Ensure the monthly payment amount and date repayment started is correct.
3. Ensure you sign and date agreement notice.
4. Ensure you sign exactly as your name appears at the top of page one of the agreement notice.
5. Do not mark up or make any changes to the agreement notice. This will invalidate the agreement notice and we will have to issue you another one.
6. If you have any questions regarding this agreement, call your account representative immediately at (877) 636-9788

Three references are necessary to complete your application package. If you have not already given us three references over the phone, please complete them below using the following rules:

Each must have complete names (no initials, titles or nicknames).  
Each must have different addresses from you and each other.  
Each must have different phone numbers from you and each other.

Save time!! Fax your rehabilitation loan application today to: 317-917-4819 or 317-917-4813

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**Reference 1:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Reference 2:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Reference 3:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_