



8875 Hidden River Parkway, Suite 300, Tampa, Florida 33637. TEL (813) 792-8030 * FAX (813)792-8609 * Email: mlevinson@collectivityllc.com

CLAIM PLACEMENT INFORMATION SHEET

MAKE ADDITIONAL COPIES OF THIS LISTING SHEET FOR FUTURE PLACEMENTS. FORWARD TO OUR OFFICE COPIES OF ALL OF THE DOCUMENTATION YOU HAVE LISTED BELOW. SHOULD YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT US.

CLIENT INFORMATION

LEGAL NAME: DATE:
SIC CODE:
AKA/DBA: DIVISION OF:
ADDRESS: CITY/STATE/ZIP:
CONTACT: POSITION: TITLE:
PHONE: EXT: FAX:
EMAIL ADDRESS:
LEGAL ENTITY: ANNUAL SALES VOLUME:
TYPE OF INDUSTRY: PRODUCT OR SERVICE:
GENERAL PREFERENCES: SETTLEMENTS: RETURNED MERCHANDISE: LITIGATION:
SUPPLY WITNESS IF NECESSARY: SPECIAL HANDLING:
HOW AGGRESSIVE SHOULD WE BE?: ADDITIONAL NOTES:

DEBTOR INFORMATION

LEGAL NAME: YOUR ACCT #:
AKA/DBA: DIVISION OF:
ADDRESS: CITY/STATE/ZIP:
CONTACT: POSITION/TITLE: EMAIL ADDRESS:
BUSINESS PHONE: CELL: HOME PHONE: FAX:
LEGAL ENTITY:
BASIS OF CLAIM: IF OTHER, PLEASE DESCRIBE:
TOTAL OWED: \$ PRINCIPAL: \$ INTEREST: \$ RATE:
DUE DATE OF ORIGINAL DEBT: DATE OF LAST PAYMENT: AMOUNT OF LAST PAYMENT: \$
PERSONAL GUARANTEE: NAME OF GUARANTOR(S):
GUARANTOR(S) OR SOLE PROPRIETOR(S) SOCIAL SECURITY #: DRIVER'S LICENSE #:
DOCUMENTATION YOU CAN SUPPLY: [] CREDIT APPLICATION [] STATEMENT [] INVOICES [] PROOF OF DELIVERY [] NSF CHECK
[] PERSONAL GUARANTEE [] CORRESPONDENCE [] CONTRACTS/NOTES/AGREEMENTS [] OTHER
YOUR EXPERIENCE: [] CLAIM DISPUTED [] BROKEN PROMISES [] PHONE DISCONNECTED [] MAIL RETURNED [] PARTIAL PYMNTS STOPPED
[] DEBTOR CLAIMS BUSINESS CLOSED [] CLAIMS TO BE FILING BANKRUPTCY [] REPRESENTED BY ATTORNEY NAME:
[] CLAIMS TO HAVE SOLD THE BUSINESS [] OTHER
NATURE OF CLAIM: [] MERCHANDISE [] SERVICES [] PROMISSORY NOTE [] DISPUTE [] NSF CHECK [] JUDGMENT [] OTHER
BRIEFLY EXPLAIN ANY ADDITIONAL FACTS ON AN ADDITIONAL PAGE OR ON THE BACK OF THIS FORM.

YOUR AGENCY IS HEREBY AUTHORIZED TO PROCEED WITH IMMEDIATE COLLECTION OF THE ABOVE CLAIM. COMMISSIONS AT THE AGREED UPON RATE WILL BE CHARGED AND PAID TO AGENCY ON ACCOUNTS COLLECTED (ACCOUNTS PAID DIRECTLY TO OUR FIRM AFTER PLACEMENT OR PAID DIRECTLY TO YOU AFTER PLACEMENT), AND ACCOUNTS SETTLED BY RETURN OF MERCHANDISE. AGENCY IS ALSO ENTITLED TO FULL FEE ON DISCOVERED PRIOR PAYMENTS OR MISAPPLIED PAYMENTS AFTER PLACEMENT. AGENCY AS OUR DULY AUTHORIZED AGENT, IS HEREBY AUTHORIZED TO ACCEPT PAYMENTS AND ENDORSE CHECKS, NOTES, MONEY ORDERS, OR DRAFTS ON OUR BEHALF, ACCEPT CREDIT CARDS, THE NET PROCEEDS OF WHICH AGENCY IS TO REMIT TO US. SPECIAL AUTHORIZATION IS REQUIRED TO FILE SUIT, COMPROMISE OR GRANT EXTENSION. THIS AGREEMENT IS MADE UNDER AND SHALL BE INTERPRETED, APPLIED, GOVERNED, CONSTRUED, AND ENFORCED UNDER AND PURSUANT TO THE LAWS OF THE STATE OF FLORIDA.

STANDARD PRE-LEGAL RATES: COMMERCIAL CLAIMS 25% OF MONEY COLLECTED IF LESS THAN 1 YEAR AND OVER \$200; OTHERWISE 40% (1/2 RATE ON RETURN OF MERCHANDISE). CONSUMER CLAIMS 35% OF MONEY COLLECTED. RATES ALSO APPLY TO ANY PAYMENTS DISCOVERED BY CLIENT OR PROVEN TO CLIENT BY AGENCY AFTER PLACEMENT AS IF THE MONEY WAS COLLECTED DUE TO THE DIRECT EFFORTS OF THE AGENCY.

STANDARD LEGAL RATES: 40% OF MONEY COLLECTED PLUS, IN ADVANCE, SUIT FEES AND COURT COSTS. ALL INTERNATIONAL CLAIMS, WHETHER PRE-LEGAL OR LEGAL ARE AT THE STANDARD 50% RATE. THE ABOVE RATES ARE SUBJECT TO CHANGE UPON PRIOR WRITTEN NOTICE BY THE AGENCY.

BANKRUPTCY FILINGS OF PROOFS OF CLAIM: 40% OF ALL DIVIDENDS RECEIVED AFTER THE FILING OF THE PROOF OF CLAIM ON BEHALF OF CLIENT. CLIENTS WILL RECEIVE THEIR PORTION OF CLEARED FUNDS WITHIN THIRTY (30) DAYS OF RECEIPT FROM THE DEBTOR.

SIGNED: _____ DATE: _____
PRINT: _____ TITLE: _____

MUST BE SIGNED BY AN AUTHORIZED OFFICER, OWNER, OR PARTNER WITH LEGAL AUTHORITY ON BEHALF OF THE ENTITY ENTERING INTO THIS AGREEMENT