NEW YORK COMMERCIAL COLLECTIONS, INC.
Collection Specialists
242 West 30th Street, 7th Floor New York, NY 10001

Phone: (646) 315-0522 Fax: (212) 594-2916

COLLECTION SERVICE AGREEMENT

LEGAL NAME OF B	USINESS:		
ADDRESS:	S:C/S/Z:		
TELEHONE:	FAXSMILE:		
LT PHONE: EMAIL ADDRESS:			
PRIMARY LINE OF	BUSINESS:		EIN#:
	E: SOLE PROPRIETORSHIP: _		PARTNERSHIP:
appropriate collection parties or until revolution parties or until revolution and after deduction of feror approval. You in regards to invoice	ient does hereby authorize New Yor efforts on each account submitted and in writing by either parties. The CI will collect 100% of the claims swed to the client. Furthermore, all a for collection services. NYCCI wagree to notify us immediately upons submitted for collection. GENT FEE AGREEMENT IS	I. This authorization shat client understands that ubmitted. Every reason funds recovered by NYO ill not compromise or s in receipt of a direct pay	all continue as agreed by both this agreement is by no means a hable attempt will be made to CCI will be forwarded to client ettle any claim without client's ment or any credit adjustments
	EREOF, the parties have caused thi Officer hereunto duly authorized.	s Agreement to be exec	euted by the endorsement of the
As an Authorized of	ficer you must be one of the following	ng (check one):	
Owner	President/ChairmanGeneral M	anagerVice Preside	entTreasurerPartner
this Agreement. The	officer of the Business with the authorization upon request	ce of this Agreement ha	
Mr./Ms. (Client prin	t name clearly):		
Client Signature:			Date:/
Mr./Ms. (NYCCI Of	ficer):		
Officer Signature:			Date:/