

Invoice Numbers: _____ Invoice Date: _____

Invoice Numbers: _____ Invoice Date: _____

Special Instructions:

Personal Guarantee 1

Social Security#

Personal Guarantee 2

Social Security#

Did you turn this claim over to any other agency? If so, Name:

Submitted on:

Bank Account No.:

Bank Name:

Please attach PDF copies of invoices, correspondence, checks and email this completed form to us

SCHEDULE OF COMMERCIAL RATES on ACTUAL COLLECTION	
PLACEMENT BALANCE	RATE (%)
5,001 – 20,000	30
20,001 & Above	25
Rates are for First Placements only Secondary Placements, Judgments or Commercial Claims against Individuals (e.g.: guarantor) are collected on a 50 per cent contingency Matters requiring legal action are collected on a 40 per cent Contingency Matters submitted in error are billed at fifteen (15) per cent	

- I. **Client knows agrees and understands** that the assignment or forwarding of any matter prior to or already in judgment stage for collection is limited strictly to collection efforts and legal action supporting such collection efforts (when absolutely necessary and authorized by your authorized agent) or enforcement of the judgment in question.
 - a. Client further understands that **such action does not cover the cost or legal preparation for a defense of a counter claim** against the client by the other side.
 - b. Costs and fees due for any other counter claim action to defend a counter suit or legal action and costs as well as fees in the event the integrity of any judgment is compromised by the courts.
- II. IN JUDGMENT MATTERS ONLY: This agreement does not include and specifically disclaims any obligation on the part of the assignee or its agents or attorneys to represent the plaintiff or judgment creditor in the original lawsuit or in any action to protect the integrity of any judgment or to bring any affirmation in opposition to any order to show cause that may be brought to vacate any of the judgments assigned.
- III. FOR ALL COLLECTION MATTERS: Client knows and understands that as of the date of this contract any monies paid directly to the Client by any debtor represented will be immediately forwarded to Real Time, LLC T/A www.creditresolution.com and subject to the percentage agreed upon as if these funds were paid to Real Time, LLC T/A www.creditresolution.com directly.
- IV. Matters submitted in error are billed at fifteen (15) percent

All funds collected are remitted to our clients on a monthly basis from the Special **Client Funds** account of Real Time, LLC T/A

www.creditresolution.com

BY SUBMITTING INFORMATION or DOCUMENTS TO US YOU AGREE TO THE TERMS CONTAINED HEREIN AND IN OUR WEBSITE

www.creditresolution.com

Email completed form directly to Richard Ackermann ▶ richard@creditresolution.com ◀



This form was generated on May 6, 2011

▶ REAL TIME LLC™ 98-01 67th AVE ◀ ▶ No. 10-D ◀ ▶ Forest Hills NY 11374 ◀

▶ ACCOUNTS RECEIVABLE COLLECTIONS ▶ JUDGMENT COLLECTION ▶ IT AUTOMATION ▶ BUSINESS CONSULTING SERVICES ◀

DEBTOR – OBLIGOR INFORMATION

Firm or Company Name: _____

Notes on Relationship & Do you wish to save it? _____ Yes No

Notes or Instructions: _____

Did you execute an agreement _____ Yes No

Business Type: Corp., Sole Prop., LLC, LP, etc. _____ Account No.: _____

Contact Name: _____ Title: _____

Email Address: _____ Problems? _____

Telephone: _____ Extension _____

Direct Line: _____ Best time? _____

Mobile or Pager _____ Best time? _____

Facsimile: _____ Best to reach: ▶ Phone ▶ Email ▶ Fax

Second Facsimile: _____ Location: _____

Address _____ Suite or Floor _____

Address Line 2 _____ Additional Info: _____

City _____ State + Zip: _____

Tax ID Number: _____ Notes: _____

Debtor's Web Site: _____ Notes: _____

Business License _____ State of Issue: _____

Original Amount Due: _____ **Balance Due Now:** _____

Invoice Numbers: _____ Invoice Date: _____

Invoice Numbers: _____ Invoice Date: _____

Invoice Numbers: _____ Invoice Date: _____

Invoice Numbers: _____ Invoice Date: _____

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www.creditresolution.com[®]

ACCOUNTS RECEIVABLE COLLECTIONS ▶ JUDGMENT COLLECTION ▶ IT AUTOMATION ▶ BUSINESS CONSULTING SERVICES

Telephone: 718-355-9095 - Facsimile: 347-612-4686 – solutions@creditresolution.com - www.creditresolution.com

IMMEDIATE COLLECTION AUTHORIZATION

By submitting this completed form I / we hereby authorize **Credit Resolution** to initiate immediate collection action to recover unpaid billings and accounts receivable items from the obligor(s) named below. I also authorize Credit Resolution to bill our company in the event we receive direct payments from the obligor(s) named in this collection account placement in the event that any payment is made directly to our company by the obligor(s) named in this document.

This agreement will remain in effect for a period not less than twelve months unless no activity is recorded and reported by Credit Resolution on behalf of our company or our company receives a written notice of cancellation from Credit Resolution, or until we or our company submit a written request to close this file based on Credit Resolution's having deemed the same uncollectible. Submission of this collection placement order does not require a signature.

CREDITOR (YOUR) INFORMATION

Firm or Company Name:	_____	
Business type:	_____	Current Client <input type="checkbox"/> New Client <input type="checkbox"/>
Authorized on (date):	Today's date: _____	DATE OF DEFAULT?: _____
Contact Name:	_____	Title _____
Email Address:	_____	Is it a Judgment?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone:	_____	Extension _____
Direct Line:	_____	Best time? _____
Mobile or Pager	_____	Best to reach by: Phone <input type="checkbox"/> ▶ Email <input type="checkbox"/> ▶ Fax <input type="checkbox"/>
Facsimile:	_____	Parent Company: _____
Second Facsimile:	_____	Location: _____
Address	_____	Suite or Floor _____
Address Line 2	_____	Additional Info: _____
City	_____	State + Zip: _____
Tax ID Number:	_____	Notes: _____
URL (Web Site):	_____	Notes: _____
Special Notes:	_____	

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