

ADVANTAGE RECEIVABLES MANAGEMENT INC.

P.O. Box 994363
Redding, Ca 96009-4363
(888) 925-4234 Fax: (530) 247-8088

COMMERCIAL CLAIMS

COLLECTION AGENCY LISTING AGREEMENT

PLEASE PROVIDE COPY OF ITEMIZED STATEMENT OR INVOICES AT TIME OF ASSIGNMENT

Business Name:	Address:	City, State, Zip:
Business Type: (Circle One) Corporation Partnership LLC Individual	Business Phone:	Business Fax:
Owner/Officers- Title	Owner/Officers- Title	Owner/Officers- Title
Individual: Name	Residence (include city, state, zip)	Soc# DOB
Is Business Active? Y N	Additional Address	Additional Info
Business Bank Reference:	Credit Reference:	Credit Reference:
Employer Name:	Employer Address:	Employer Phone:
Spouse Employer Name:	Employer Address:	Employer Phone:
Personal Bank Reference:	Personal Reference:	Miscellaneous:
Principal Balance Due:	Interest Due Rate of Interest	<u>TOTAL DUE</u>
Contract: Yes No (If yes, attach copy)	Judgment: Yes No	Bad Check (Attach Original)
<u>Date of Last Purchase or Charge</u>	<u>Date of Last Finance Charge:</u>	<u>Date of Last Payment:</u>
Additional Information:		

We hereby assign the above account to Advantage Receivables Management (ARMI) for collection on a contingency fee basis. **The contingency fee is based on the contract between the parties.** We understand that we must report any payments sent to us immediately upon receipt and that ARM will be entitled to their fee for services.

CREDITOR	CONTACT	
ADDRESS		
EMAIL	FAX	PHONE

SIGNATURE: _____

DATE: _____

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