

TO:

REGAL COLLECTIONS

BILL COLLECTOR SPECIALISTS

LICENCED & BONDED

P.O. Box 1038

17-10 River Road, Fair Lawn, New Jersey 07410

(800) 253-4869 - Fax (201) 791-3206

From: _____
Creditor

Date: _____

Please accept this account for immediate collection:

Debtor's Name _____ Individual to Contact _____

Address _____ City _____ State _____ Zip _____

Debtor's Telephone _____ \$ _____
Balance Due

Bank Information / Account # (if known) _____ Social Security # on individual (if known) _____

Comments:

Where necessary, you are authorized to forward this account to an attorney of your choosing for legal disposition and act as our agent in all matters except settlement.

Assigned By: _____
Creditor

By (Your Name) _____ Title _____ Telephone Number _____

Street _____ City _____ State _____ Zip _____

RECOMMENDED FEE STRUCTURE

25% on the first \$5,000.00 collected "Preferred Rates" on accounts less than four (4) months old
20% on the excess of \$5,000.00 collected
Non commercial Claims.....40% 50% if total collected is under \$250.00

Once an attorney has intervened, the fee structure increases by 10%. All filing fees (once litigation has been authorized) will have been sent to you in writing and are the responsibility of the creditor.

PLEASE ATTACH A CURRENT STATEMENT OF ACCOUNT

NO COLLECTION - NO CHARGE CREDIT INVESTIGATION ON PREMISES NO COLLECTION - NO CHARGE