

This Agreement is entered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Between Atlas Financial Services, hereafter known as Agency, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter known as Client.

Agency and Client agree as follows:

Agency will conduct collection activities on all accounts assigned by Client in compliance with The Fair Debt Collection Practices Act and other Federal, State, and Local laws. Any monies collected by Agency will be held in a trust account and will be remitted to Client by the 15th of each month following collection. Client agrees to notify Agency within 72 hours of any payment received by them on any account assigned to Agency. To the best of Clients knowledge, all accounts assigned are valid, and are duly owed. If Client cancels an account on which the Agency has initiated collection action, the client agrees to Agency’s commission at the commission rate described in this agreement.

Accounts will be serviced on the following contingency fees:

* 30% Regular Accounts
* 50% Legal Accounts
* 50% Accounts forwarded to out of state agencies

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR VALUABLE CONSIDERATION, the undersigned does herby assign, transfer, and set over unto Atlas Financial Services, my/our claim and demand against any assigned debtors together with all rights, title, and interest therein and demand represented thereby, and all rights of action accrue thereon, I/we hereby grant Atlas Financial Services full power to sue for, collect for, reassign or in any other manner enforce collections thereof in its own name.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account Manager: Brandon Russell

***Please Specify Itemization Date: (note: charges or credits occurring after this date will need to be itemized upon placement.)***

\_\_ Charge Off Date \_\_ Judgment Date

\_\_ Last Charge Date \_\_ Last Payment Date

\_\_ Last Service Date \_\_ Last Statement Date

**Blanket Debt Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., “Medical Services”)