



SureFire Recovery, Inc.

THE FOLLOWING ACCOUNT IS ASSIGNED FOR COLLECTION:

ACCOUNT REFERENCE: _____

PRIMARY ASSIGNED DEBTOR _____,
Print clearly: LAST NAME FIRST MIDDLE SPOUSE _____

Second Individual (circle appropriate) _____ 'Second', relationship _____
is "ASSIGNED", the: CO-SIGNER, RESPONSIBLE PARTY, ACTUAL PATIENT, or:

ADDRESS:	
HM PHONE :	WK PHONE:
SS#:	BIRTH DATE:
BUS FIRM:	
BUS ADDRESS:	
POSITION:	
REMARKS:	

DATE OF LAST CHARGE/SERVICE:	___ / ___ / ___
DATE OF LAST PAYMENT:	___ / ___ / ___
DATE OF FIRST DELINQUENCY:	___ / ___ / ___
AMOUNT TO BE COLLECTED:	\$ _____
AMOUNT TO BE COLLECTED MUST BE VERIFIABLE BY ITEMIZED STATEMENT, INVOICE OR CONTRACT	

LIEN:	DATE FILED: ___ / ___ / ___	AMOUNT: \$ _____	
JUDGMENT:	DATE FILED: ___ / ___ / ___	AMOUNT: \$ _____	ABSTRACT
JUDGMENT:	DATE FILED: ___ / ___ / ___	AMOUNT: \$ _____	ABSTRACT

WE, THE ASSIGNING CLIENT BY OUR SIGNATURE BELOW, agree the above AND ALL FUTURE CLAIMS are assigned for collection at the pre-arranged fee/commission rate of 35% to you the collection agency, out of any money recovered (unless otherwise specified and agreed to). In the case of NO COLLECTION on any account(s) following full investigation, there will be NO CHARGE, and no fee paid on non-collected accounts other than acknowledged expenditures. You, the collection agency, may offset commission on direct payments to our office or acknowledged expenditures against money collected. Should we, the assigning client, wish to CANCEL any account(s) from collection, we will provide a written notification of such cancellation and agree to reimburse SureFire Recovery, Inc. for any acknowledged costs expended to that date. SureFire Recovery, Inc. may retain any account to which a VERIFIED promise of payment has been obtained, or costs have been advanced by the agency, unless we so agree to reimburse you for said costs. WE AGREE TO COMPLY WITH THIS AGREEMENT, AND ANTICIPATE COMPLIANCE FROM YOU THE COLLECTION AGENCY.

NOTE TO OUR ASSIGNING CLIENT: PLEASE CONTACT OUR COLLECTION OFFICE RIGHT AWAY EVERY TIME A PAYMENT IS MADE DIRECTLY TO YOU FROM ANY ASSIGNED ACCOUNT. WE WILL NEED TO KNOW "WHO" MADE THE PAYMENT, "WHEN", AND "HOW MUCH", WAS RECEIVED.

CLIENT ASSIGNMENT CODE:
NEW123

PLEASE ATTACH COPIES OF VALIDATING DOCUMENTS TO THIS COVER PAGE BEFORE SUBMITTING FOR ASSIGNMENT DOCUMENTS SHOULD BE AT LEAST 6 MONTHS OLD

CLIENT NAME: **YOUR NAME HERE** PHONE: XXX-XXX-XXXX

CLIENT STREET NUMBER & ADDRESS: **Street Address**

CITY: _____ City STATE: _____ State ZIP: _____ Zip

SIGNATURE AS AUTHORIZATION: **X** DATE: **X**

NAME PRINTED, & TITLE: _____ Authorized Signer PHONE: XXX-XXX-XXXX

CONTACT NAME (printed) : _____ Accounts Primary Contact Person PHONE: XXX-XXX-XXXX

MAIL TO: PO BOX 500178; San Diego, California 92150-0178
16776 Bernardo Center Drive Suite 212; San Diego, California 92128-2534
(858) 618-2650 FAX: (858) 618-2651 or 2652
www.sfirecoveryinc.com E-mail: sfirecovery@hotmail.com