

BAKERSFIELD CREDIT CONTROL SERVICE

Bakersfield

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For valuable consideration I hereby assign to Bakersfield Credit Control Service the following accounts and authorize them to sue and collect the same on the terms outlined.

Collection agencies are subject to all rules and regulations of the Federal Trade Commission and applicable rules and regulations of the State of California. Commission rate is (please fill in below). Claims settled direct or withdrawn during the collection process are subject to the above rate and the right to offset said monies is hereby authorized. Court costs advanced by our office will be retained out of the first monies collected. As agent for creditor, we assume authority to endorse checks drawn in favor of creditor for deposit into our Trust Account. All sums collected above the principal amount will be retained by Bakersfield Credit Control Service.

Firm Name _____

Authorized By _____

Address _____

Date _____ 200 ____ Telephone _____

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<http://www.bccsmdab.com>

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Debtor's Full Name _____ Spouse _____ Client Reference _____

Current Address _____ City _____ Zip _____ Incurring Party _____

Mailing Address _____ City _____ Zip _____ Debtor's Phone (_____) _____

SS#: _____ D.O.B. _____ D.L.# _____ Employer _____

Additional Comments _____

Amount Owing \$ _____ Date of Last Service _____ Date of Last Payment _____

Debtor's Full Name _____ Spouse _____ Client Reference _____

Current Address _____ City _____ Zip _____ Incurring Party _____

Mailing Address _____ City _____ Zip _____ Debtor's Phone (_____) _____

SS#: _____ D.O.B. _____ D.L.# _____ Employer _____

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Debtor's Full Name _____ Spouse _____ Client Reference _____

Current Address _____ City _____ Zip _____ Incurring Party _____

Mailing Address _____ City _____ Zip _____ Debtor's Phone (_____) _____

SS#: _____ D.O.B. _____ D.L.# _____ Employer _____

Additional Comments _____

Amount Owing \$ _____ Date of Last Service _____ Date of Last Payment _____

Commission Rate as proposed by (from BCCS) _____