

## Capital Resource Management, Inc.

2059 Merrick Road, Ste. 116 Merrick, NY 11566 www.crmcollect.com

Tel 516-442-4045 Fax 516-430-5015 Toll Free 1-844-277-3277

## **COLLECTION SERVICES AGREEMENT**

(NOT FOR SUBMISSION OF DEBTOR INFORMATION)

YOUR FULL NAME (FIRST, M.I., LAST)	IF A BUSINESS, YOUR LEGAL BUSINESS NAME (INCLUDING D/B/A)					
CORPORATION PARTNERSHIP OTHER (SPECIFY)			SOLE PROPRIETOR OR INDIVIDUAL			
EIN:			SSN:			
HOMEADDRESS # STREET		UNIT		CITY/TOWN	STATE	ZIP
HOME PHONE	CELLPHONE			PERSONALEMAIL		
PHYSICALBUSINESS ADDRESS # STREET	r UNIT			CITY/TO	WN STATE	ZIP
BUSINESSPHONE	BUSINESSFAX			TYPE OF B	USINESS	
BUSINESSMAILING ADDRESS # STREET	UNIT	UNIT CITY/1		WN STATE	ZIP	
SAME AS PHYSICAL						
NAME OF OWNER OR CORPORATE OFFICER AND TITLE		PRIMARY CONTACT PHONE			PRIMARY CONTACT EMAIL	
ADDITIONAL AUTHORIZED CONTACT NAME AND TITLE		ADDITIONAL CONTACT PHONE		<u> </u>	ADDITIONAL CONTACT EMAIL	
IF A BUSINESS, WHERE DO YOU WANT YOUR PA	YMENTS MAII ED?		HOW DO YOU W	WANT TO REC	EIVE STATEMENTS AND REF	PORTS?
□PHYSICAL BUSINESS ADDR. □BUSINESS MAILING ADDR.			□PERSONAL EMAIL □PRIMARY EMAIL □ADDITIONAL EMAIL			
OTHER:	□REGULAR MAIL □FAX □OTHER:					
MY SIGNATURE BELOW COLLECTION SERVICES A WWW.CRMCOLLECT.COM. I AND BIND THE ENTITY AND /G	S PUBLISHED O AFFIRM THAT I OR PERSON LIST	N THE CAPI I HAVE THE FED ABOVE	TAL RESOU LEGAL AUT	RCE MANA THORITY T DREMENTI	AGEMENT, INC. WEBS TO EXECUTE THIS INS	ITE AT STRUMENT
AUTHORIZED SIGNATURE NAM		E PRINTED		T	ITLE	DATE