



5670 Schaefer Ave., Suite – O  
Chino, CA 91710  
(909) 902-9595 Facsimile: (909) 902-9727  
(fidelityrecovery@verizon.net)

### AUTHORIZATION AND AGREEMENT

\_\_\_\_\_  
(company or name of assignor)

does hereby enter into a placement agreement with Fidelity Recovery Service for the collection of assigned accounts at our stated commission rate to be paid by us upon payment by the debtor together with all rights, title and interests therein and the demand represented thereby and right of action accrued or to accrue thereon, and hereby grant said assignees full power to collect and discharge the same. By accepting this agreement it is understood that *Fidelity Recovery Service* will not be responsible for any possible counter suits that may arise by instituting collection activity and or litigation against the debtor and or debtor firm. Assignor agrees to hold harmless, indemnify and defend assignee from counter suits and also agrees to pay all costs and fees resulting from such action as well as costs, fees, and expenses relating to awards and judgments against assignee. If at any time during the collection or litigation process the assignor should decide to rescind, cease or discontinue this assignment, assignor agrees to reimburse assignee for costs and fees incurred. Assignor understand that collection fees can only be added to the outstanding debt if it is so stated in a written, signed contract or credit agreement. .

- ◆ 25% on claims up to \$10,000.00
- ◆ Call for special rates on claims over \$10,000.00
- ◆ 50% on claims under \$350.00
- ◆ 30% on claims more than one year old (over \$350.00)

Date: \_\_\_\_\_

Signed by \_\_\_\_\_

Printed Name \_\_\_\_\_

For : (your co) \_\_\_\_\_

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www.fidelityrecovery.com

**PLACEMENT FORM - ASSIGNMENT FOR IMMEDIATE COLLECTION**

CREDITOR _____ _____ _____
CONTACT PERSON _____
PHONE # _____ FAX# _____ EMAIL _____
DEBTOR _____ ACCOUNT NO. _____ _____ _____
CONTACT PERSON _____
PHONE # _____ FAX# _____ CELL# _____

BALANCE \$ _____ NSF CHECK ? _____ Y/N
DATE OF LAST INVOICE _____ DATE OF LAST PAYMENT _____

**COLLECTION HISTORY:** BALANCE IS DISPUTED \_\_\_\_ BUSINESS IS CLOSED \_\_\_\_  
AVOIDING CONTACT \_\_\_\_ BREAKS PROMISES \_\_\_\_  
OTHER \_\_\_\_\_  
\_\_\_\_\_

THIS IS YOUR AUTHORIZATION TO BEGIN IMMEDIATE COLLECTION AT YOUR STATED COLLECTION RATE.

\_\_\_\_\_  
AUTHORIZED PERSON (SIGN AND PRINT NAME) DATE

This claim is exclusively assigned to Fidelity Recovery Service. Cancellation must be in written form and any costs will be repaid by the assignor.

**\*\*\*PLEASE INCLUDE YOUR CREDIT AGREEMENT OR SIGNED P.O AND A RECENT STATEMENT OF ACCOUNT AND/OR A COPY OF THE NSF CHECK.\*\*\***