

NEW BUSINESS PLACEMENT FORM

Charleston, Kelly	Your N	Jame:		
& ASSOCIATES	Date I	Forwarded:	_	
Your Company's Legal Name:				
Your trade name:				
Your Address:				
Your Phone #:	E-N	Mail Address:		
ENCLOSURES (Check all the Statement of Account Invoice Contract/Service Agreement Copy of Debtor's Check Collector Notes/Corresponder Personal Guarantee	ence _	BALANCE INFORM Principal Due Interest (rate) Attorney Fees Liquidated da Other (NSF ch	mages narges, etc)	
Legal Company Name/Debtor National Telephone Number	me 	ne or Fax # for Debtor	Type of Business Corporation Partnership Sole Proprietor Individual	
Debtor's Address				
Debtor Contact Name/Title		Account Number		
Billing Address (if different)		Debtor Email Address	Debtor Email Address	
SPECIAL INSTRUCTIONS:				
WITNESSES: (Someone with per-		knowledge of the facts regar	ding this account?	
Name/Title (Please Print)		Your direct phone#:		
Your Signature:				

By forwarding this form to us, you are authorizing Charleston, Kelly & Associates, LLC to represent you and proceed with collection and/or legal action on your behalf and you agree to be bound by the terms of our ongoing fee agreement. We attach an itemized statement of our account against the debtor named above and hereby authorize you to proceed with collection, subject to your published rate schedule which shall constitute a part of this placement agreement. You are hereby authorized to endorse in the name of the above corporation, and to negotiate or to deposit in any bank account of yours, any and all checks, drafts, bills of exchange or other orders for the payment of money payable or endorsed to the above company which came into your possession by reason of your acting as a Collection Lawyer for the above and their firm.