SEAFAX
A DIVISION OF ALLIANT

Company Being Placed for Collection

DEBTOR COMPANY NAME: _____

STREET: _____ CITY: _____

STATE: _____ ZIP: _____ CONTACT: _____

BUSINESS PHONE: _____ FAX: _____

HOME PHONE: _____ MOBILE PHONE: _____

OTHER: _____ EMAIL / WEB SITE: _____

TOTAL DUE (US$): _____ LAST UNPAID SALE DATE: _____

Any returned checks outstanding? _____ Most recent returned check date: _____ Total due on check(s): _____
(Include a copy of unpaid check)

COMMENTS: _____

_____

(Client) _____ has placed this account with Seafax for collection.

Fee Schedule

If last unpaid invoice is less than **180** days old, the following contingent rates will apply:

22% Fees on placements from $5,000 to $20,000
18% Fees on placements $20,001 and over

If the last invoice is between **180** days and **365** days, the fee schedule is 33%. If last invoice is over **365** days the fee schedule is 50%.
If total owed is **less** than $5,000, a prepaid fee will apply.

Terms and Conditions

The undersigned agrees to strictly refrain from any manner of correspondence with accounts placed for collection. Seafax reserves the right to bill for and subscriber agrees to pay cost incurred in pursuing such accounts if it is determined that such contact has taken place. Seafax reserves the right to publish the existence of any collection matter and its status.

Accounts settled directly are subject to charges for the services as outlined in above fee schedule. Seafax reserves the right to collect a flat 10% of the full amount of any account withdrawn from Seafax. Seafax shall have the right to endorse for deposit and collection, in the name and on the behalf of the subscriber, remittances received on accounts placed with it for collection and to deduct from such remittances its authorized charges. Seafax reserves the right to accept or decline claims on an individual basis.

All accounts placed for collection must be accompanied by a statement of account. Please fax or email completed form along with any applicable invoices and other pertinent information directly to the Collection Department at (207) 781-4269 or collections@seafax.com

Place collection claims online at www.SeafaxCollections.com or www.foodonereports.com/collections

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ For internal use only: File#_____ Client# _____

P.O. Box 15340, Portland, ME 04112-9885
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