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RETAINER DATA - CREDITOR DEBT COLLECTION

PLEASE PRINT LEGIBLY AND IN BLACK INK

PLEASE PHOTOCOPY ALL RELEVANT UNDERLYING DEBT DOCUMENTS AND PLEADINGS TO OBTAIN THE CLEAREST COPY THEN FAX OR MAIL WITH THIS DATA SHEET

ALL CREDITOR INFORMATION IS REQUIRED FOR THE FIRST RETAINER - THEREAFTER ONLY CHANGES ARE NEEDED FOR ALL NAMES - PROVIDE LEGAL NAME - FIRST, MIDDLE, LAST + ANY SUFFIX - ie: Jr. or III

New Case Pending Court Case No. _____ Unknown Div. ____ County: _____

CLIENT

Creditor Name _____

Syndication Proprietorship Partnership

Corporation - Colorado Other _____

Limited Partnership - Colorado Other _____

dba _____

Syndication Proprietorship Partnership

Corporation - Colorado Other _____

Limited Partnership - Colorado Other _____

Street Address _____

PO Box Address _____

City, State ZIP _____

Business Phone _____

Business Cell Phone _____

Business Fax _____

Business Email _____

CLIENT

Contact Person _____

Title _____

Ph Contact Person _____

Cell Contact Person _____

Fax Contact Person _____

Email Contact Person _____

Name of person authorized to sign legal pleadings _____

Title _____

Ph Pleadings Agent _____

Cell Pleadings Agent _____

Fax Pleadings Agent _____

Email Pleadings Agent _____

Notarization State: Colorado Other _____

County: El Paso Teller Other _____

County in which business is located or debt incurred

El Paso Teller Other _____

DATA SUBMISSION ONLY. On behalf of the above creditor, this data sheet is submitted solely for purpose of information to prepare a retainer agreement. Neither obligation nor attorney-client relation shall arise unless a retainer agreement is subsequently executed by both parties. Attorney shall not have been retained for any specific collection matter until creditor has submitted a collection account referral with agreed trust deposit, and attorney shall have sent to creditor an acceptance and confirmation letter

OFFICE USE ONLY - NOT FOR PROSPECTIVE CLIENT SUBMISSION

Charge Card: MasterCard VISA Account No. _____

American Express Discover Expiration Date: _____ PIN: _____

Contingency Fees Hourly Fees Flat Fee: \$ _____ Costs Estimate: \$ _____ Initial Payment: \$ _____

DATE: _____, 20____

re Debtor: _____

SIGNATURE OF AUTHORIZED AGENT

Title: _____