

Gini Authorization Form

1820 Ave M #2421 Brooklyn, New York 11230 Phone Number: (917)400-3253 Fax: (718)338-3111

Website: Ginidebtcollection.com

Email: Ginicoll@yahoo.com

Representative _____

Date _____

Please accept this account for immediate collection:

Company or Trade Style of Debtor

Individual to contact at Debtor's Business

Address

City

State

Zip

Telephone

/ _____
Fax

/ _____
Cell phone

/ _____
Email

Corporation Partnership Individual \$ _____
Balance Due

Date of First Invoice

Date of Last Invoice

Enclosures

NOTES & COMMENTS:

Itemized Invoices

Returned Check

Proof of Delivery

Statement

Recommended Commercial Rates

25% on the first \$10,000.00 Commission of 33% if collection is between \$300 & \$1000

20% on the excess of \$10,000.00 Outside U.S. Mainland . . . 40% 50% if total is under \$300

Non-commercial Claims . . . 50% Claims exceeding twelve months . . . 33% Claims exceeding thirty-six months . . . 50% Judgments 42%

Legal filing fees additional Secondary & Tertiary 50% Credit adjustments . . . 10% *We charge half of our usual fee on returned merchandise.*

Assigned By

Creditor

Authorized by

Telephone

Fax

Address

City

State

Zip

**NO COLLECTION - NO CHARGE- WE GET AS YOU COLLECT
CHARMINGLY AGGRESSIVE - WE MAKE PERSONAL VISITS**