



# YOUR COLLECTION SOLUTION

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## RETENTION AGREEMENT

This agreement is made by and between Your Collection Solution, Inc., a Florida Corporation (hereinafter referred to as AGENCY) \_\_\_\_\_ (hereinafter referred to as CLIENT) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

The AGENCY and CLIENT hereby agree as follows:

1. AGENCY will perform collection services for CLIENT and CLIENT will pay AGENCY a contingency fee on any and all amounts recovered to date as follows.

### Commercial Contingency Fee Schedule (Business to Business)

- |                              |     |
|------------------------------|-----|
| a. \$ 500.00 - \$ 1,000.00   | 35% |
| b. \$ 1,000.01 - \$ 6,000.00 | 28% |
| c. Greater Than \$ 6,000.01  | 18% |

### Consumer Contingency Fee Schedule (Individuals)

- d. Flat Rate 35%
  - e. Once agreed upon by client a contingency fee of 35% will apply to all files wherein client requests to proceed with legal action. Upon consent of the client, the file will be forwarded to one our network of attorneys. Furthermore, the client is responsible for an upfront fee of \$1,100.00 which covers the filing fees, service of process and all court costs, which are associated with litigation being pursued by the attorney.
  - f. All International Collection placements are an additional 10% fee to the above rates. Furthermore, due to the complexity of these claims there is an upfront processing fee of \$150.00 U.S. Dollars. The fee will be credited against all monies that are collected.
  - g. The return of merchandise  $\frac{1}{2}$  of regular contingency fee.
  - h. Agency will perform skip trace address locating whenever necessary. There will be an upfront fee of \$75.00 for this service.
2. CLIENT agrees to notify AGENCY immediately of all direct payments received after an account has been forwarded to AGENCY. CLIENT understands that AGENCY is entitled to a full contingency fee on all monies recovered whether paid to AGENCY or to the CLIENT directly. Failure to pay the fee to AGENCY within thirty (30) days of receipt of the payment may result in an interest fee being assessed at the legal statutory rate.



# ACCOUNT PLACEMENT SHEET

## YOUR INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## DEBTOR INFORMATION:

*Please provide as much information as possible that is relevant to each debtor you are placing through our company.*

\*NAME (Individual or Business): \_\_\_\_\_

\*CONTACT PERSON FOR DEBTOR: \_\_\_\_\_

\*LAST KNOWN ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\*SOCIAL SECURITY NUMBER (Individual): \_\_\_\_\_

\*FEIN NUMBER (Business): \_\_\_\_\_

\*AMOUNT OF DEBT: \_\_\_\_\_

DATE OF INITIAL SERVICE: \_\_\_\_\_

DATE OF LAST SERVICE: \_\_\_\_\_

PAYMENTS RECEIVED AND DATES OF PAYMENTS: \_\_\_\_\_

\_\_\_\_\_

BASIS FOR DEBT - Services, Merchandise, Promissory Note, Contract, other \_\_\_\_\_

\_\_\_\_\_

**\*Required**