

BeneCollect



Discounted Commercial Account Collections

<u>Debtor Name</u>		
<hr/>		
<u>Address</u>		
<hr/>		
<u>City-State-Zip</u>		
<hr/>		
<u>Telephone # / Fax #</u>		
<hr/>		
<u>Unpaid Invoices</u>		
\$ _____	Date _____	# _____
\$ _____	Date _____	# _____
\$ _____	Date _____	# _____
\$ _____	Date _____	# _____
\$ _____	Date _____	# _____
\$ _____	Date _____	# _____
<u>Attach a separate sheet if necessary</u>		

(888)-474-3863 Ext. 29 Fax (303) 333-5530 email: benefactor@benefactor.com

Please include all available back-up: Credit Application, Statement, Lien, Contract, Invoice, Notification Letter, Purchase Order, Proof of Delivery, NSF or Stop Pay Checks, Bill(s) of Lading and any other pertinent back-up.

We refer the above account(s) to you for collection and you are authorized to proceed at once to collect the above stated invoices and amounts. Commission will be charged on accounts collected by us, paid direct to you in any form whatsoever or settled by return of merchandise. You, as our agent are authorized to accept payments and to endorse checks, notes, money orders or drafts for deposit; the net proceeds of which you are to remit to us. Special authorization is required to file suit, compromise or grant an extension. BeneCollect reserves the right to forward all consumer and other special accounts to a law firm at our discretion.

Company Name _____

Address _____ City-State-Zip _____

Phone# _____ Fax# _____

Authorized By (print) _____ (Signature) _____

Date _____

Please provide us only copies of your documentation. We are not responsible for any original documentation.
Please fax this form and all of the supporting information to: (303) 333-5530