

# Case Receivable Management Inc.

Lower Concourse – Box 34, 2016 Sherwood Drive, Sherwood Park, AB. T8A 3X3

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## Debt Recovery Agreement

Commercial Rate (Business to Business)	25%
Retail Rate (Business to Consumer)	35%
Accounts more than 1 year since date of invoice Balance less than \$250 Skip Accounts Previously listed with an agency or attorney Judgment files	50%

### ***No Collection – No Charge***

1. I/We authorized Case Receivable Management Inc. (CRMI) to retain or deduct applicable commission amounts on all accounts assigned to CRMI whether paid direct to you or through CRMI's offices. CRMI agrees to accept all accounts at the applicable rates as listed above. All payments, partial or in full, towards outstanding accounts assigned to CRMI for recovery after the date of assignment, shall be deemed as recovered by CRMI and subject to applicable commissions.
2. I/We agree to assign to CRMI only accounts which are legitimate and owing, and which have not been previously paid. I/We further understand that that accounts placed in error and subsequently recalled beyond 48 hours due to error on our part will be subject to a close-out fee of 10% of the assigned balance.
3. I/We agree to list accounts with CRMI for not less than 365 days from the date of assignment providing the accounts are in the process of collection or litigation.
4. I/We agree that accounts assigned to CRMI are not, and will not, be assigned to another organization for the purposes of recovery.
5. I/We agree to report immediately to CRMI all payments made directly to us on accounts assigned to CRMI for recovery and understand that full commissions are due to CRMI in such circumstance.
6. I/We understand that merchandise or equipment returns accepted by us will be subject to half the normal rate of applicable commissions on the amount credited to the outstanding account for the return of such items.
7. CRMI agrees to not initiate any legal proceedings or charge any applicable costs for legal action without signed approved in writing by the creditor.

8. I/We understand that any payments received by CRMI as credit to any outstanding account assigned to CRMI will be deposited by CRMI *In-Trust* and funds, less commissions, will be issued to the creditor by the 15<sup>th</sup> of the following calendar month from the date the payment was originally deposited by CRMI. I/We further understand that all monies due us will be on a net basis, (less commissions due CRMI).
  
9. I/We understand wherein an assigned account to CRMI has payment arrangements negotiated by CRMI that commissions on the full outstanding balance will be due to CRMI in the event that I/We request the account be closed and returned to us.
  
10. I/We understand that this agreement applies to any and all accounts assigned by us from the date signed and on a go forward basis.
  
11. I/We understand that no person has the authority to alter or change in any manner whatsoever any of the conditions or commission rates contained in this agreement unless approved in writing by both parties (Creditor and CRMI).
  
12. I/We authorize CRMI to periodically forward to us, via email or print medium information CRMI believes to be beneficial or informative with respect to accounts receivable management. If at any time I wish to be removed from their list for such purposes I will advise CRMI of the same and will be exempt from receiving any such future communiqué.

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Do you wish that CRMI report your accounts to the credit bureau at a time deemed by CRMI as most advantageous to the recovery of a particular debt?

No  Yes

Do you wish for CRMI to charge interest on your past due accounts?

No

Yes

Rate of Interest \_\_\_\_\_ Annually  Monthly

Simple Interest

Compound Interest

Compound How Often? Annually  Monthly  Daily

Do you accept customer payment by: Visa  Mastercard  American Express

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Creditor Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Name (please print): \_\_\_\_\_

Authorized Signature Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_