

**The Lotus Agency**

Immediate Claim Placement  
6311 Van Nuys Blvd., Ste 478  
Van Nuys, CA 91401  
Phone: (818) 994-9117 or (818) 510-4609  
Fax: (661) 299-1295

Please proceed with immediate collection of the account listed below. We agree to pay your fee of 25% of the settlement amount upon payment. The Lotus Agency agrees to notify you promptly of any payments received, and you agree to pay our fees on any payments made directly to you from the date of this assignment.

Debtors name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Name of contact: \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Balance due: \$ \_\_\_\_\_ Date of last charge: \_\_\_\_\_  
Your customer number: \_\_\_\_\_  
Debtors entity if known: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

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We have enclosed copies of the following: Invoices \_\_\_\_\_ Itemized statement \_\_\_\_\_  
NSF Check \_\_\_\_\_ Mail originals \_\_\_\_\_ Other documents \_\_\_\_\_

Please share with us any comments you feel would be helpful in expediting collections.

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You are authorized to forward this claim to an attorney if necessary: \_\_\_\_\_  
No legal action is to take place without our approval: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Please print name: \_\_\_\_\_