

# LISTING FOR IMMEDIATE COLLECTION *AGAINST* BUSINESS/COMMERCIAL



1142 State Farm Drive  
Santa Rosa, CA 95403  
Telephone: (707) 542-6495  
Toll Free: (800) 655-6495  
FAX: (707) 542-9846

info@calcoastcreditservice.com  
*(All transmittals are through our secure server)*

Client #: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Authorized Person: \_\_\_\_\_

## **PLEASE ATTACH THE DOCUMENTS LISTED BELOW**

- DETAILED ITEMIZATION & INVOICES WHICH MATCH THE ASSIGNED BALANCE**  
*(INCLUDING INTEREST AND/OR SERVICE CHARGES.)*
- COPY OF SIGNED CONTRACT**
- COPY OF CREDIT APPLICATION (IF APPLICABLE)**
- THE ORIGINAL RETURNED CHECK (IF APPLICABLE)**  
*(KEEP A COPY OF THE FRONT AND BACK FOR YOUR RECORDS)*

### **Business Information**

Name: \_\_\_\_\_  
 Corporation     Individual DBA     Partnership  
Responsible Party: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State and Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State and Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_

### **Account Information**

Account Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Date of Service: \_\_\_\_\_  
Date of Last Pmt: \_\_\_\_\_  
Total Balance: \$ \_\_\_\_\_  
Principle: \$ \_\_\_\_\_  
Interest: \$ \_\_\_\_\_  
Other Charges \$ \_\_\_\_\_  
Bank Info: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

### **LISTING AGREEMENT**

The following accounts are hereby assigned to Cal Coast Credit Service, Inc., hereafter called CCCS. Collection is at a fee of 50%, unless stated otherwise in the Assignment and Agreement. The rate is to be charged by the Agency upon any claims collected, settled with approval, paid direct, or withdrawn during the process of collection. Commissions are due once an account has been assigned whether it is paid to the Agency or Client. Payments made directly to Client will be promptly reported to the Agency. Any amount collected over and above the assigned amount of the account will be retained by the Agency. Requests for information outside the calendar year may be subject to a fee. Monies collected will first be applied to court costs/attorney fees incurred by the Agency if applicable. Adjustment or settlement of any claim is subject to our approval. Any Trust Fund remittance check not cashed in 90 days from mailing will be returned to our General Account. It will be re-issued upon request. ALL CLAIMS HEREAFTER ASSIGNED ARE SUBJECT TO THE SAME TERMS UNLESS OTHERWISE AGREED.