GENERAL AUTHORIZATION FORM & PPL MEMBER AFFIDAVIT FOR REQUESTED COLLECTION / DEMAND LETTER(S)

TO: De Beaubien Knight Simmons Mantzaris & Neal
P. O. Box 87
Orlando, FL 32802

FAX #: 407-420-2092

FROM: _		MEMBERSHIP#
	(full name of PPL member)	INTAKE #
	PREPARE and mail a debt collection le ircle one), based upon the information page	tter on my behalf to the following named individual or rovided below:
1)	Full Name of Debtor:	
2)	(If debtor is a business) Full Name o title (i.e., sole proprietor, president, tro	f the Debtor's Owner or Representative, and applicable easurer, agent, associate):
	(Letter will not be set without	the full name/title of owner or representative)
3)	Debtor's Address:City/State/Zip:	
4)	Total Amount of Debt: \$	
5)	5) The total amount of this debt as specified in #4 above is comprised of the following s (i.e., principal, interest, costs, returned-check fees):	
	(All figures must precisely	v total the amount shown in # 4, above)
6)		for this debt collection letter to be mailed via certified have enclosed a check or money order in the amount of
receipt, no Include als	te, check, or other), then you must ind	ting of any kind (i.e., an agreement, contract, invoice, clude also a complete legible copy of such writing(s). locuments that lend support to your claim, including any NALS.)
written de herewith, documents third part advising n ackowledg	emand(s) for payment upon the above and that such demand(s) was/were un s which support this claim; that this ac y and; that I have not received any we ne or my business that said debtor has	(Name of Member) have previously made formal e-named debtor, a copy(ies) of which is/are enclosed is successful; that I am providing a legible copy of all ecount receivable has not been assigned or sold to any written notice from the debtor or his/her/its attorney is filed for bankruptcy protection. Further, I hereby herein may be provided to the debtor upon request if
Signature o	of PPL Member or Authorized Represent	ative Date