COLLECTION AUTHORIZATION LETTER

Please type or print

Dear LegalShieldSM member:

You have requested that we send a collection letter on your behalf in this matter. It is necessary that we, as a law firm, have your authorization to take action such as writing a letter. The authorization, certification of prior activity in this matter, and other information you provide here also helps us to verify the information that we have previously taken by telephone.

Please carefully read this letter and the Request For Collection Letter or Telephone Call that follows, then complete the requested information, sign the form and return it to us. YOU MUST FULLY COMPLETE EACH BLANK LINE AND PROVIDE ALL REQUESTED INFORMATION BEFORE WE CAN CONTACT THE OPPOSING PARTY ON YOUR BEHALF

NOTE ON OUT OF STATE LETTERS: Framme Law Firm PC cannot send collection letters to individual debtors for consumer debt who reside outside of the state. Other states have requirements for licensing and bonding, as well as other unique requirements for collection letters to other consumers. We can send collection letters only to out-of-state businesses.

Sincerely yours,

Framme Law Firm PC

Request for Collection Letter or Telephone Call

Date:	
To: Framme Law Firm, PC	Attention/ Attorney:
Email: Mail@FrammeLaw.com	<u>1</u> - or- Fax #:
If you have trouble with th	ect fax numbers; please fax to the number given to you by the attorney. That number, you can fax to our firm's main fax number (800) 930-3150. Hocuments via regular mail.
From:	
Intake #:	LegalShield Membership #:
My Mailing Address:	
Please issue a collection dema	and letter to the named (check one) individual or business
based upon the information I an	n providing below:

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1. The full name and address of the party you are to contact is:					
2. If the party to be contacted is a business, the name of the business and its owner or debtor's representative is:					
3. I request that you make the following demand on the opposing party and include in this the principal amount owed as well as any applicable interest.					
4. Attached are the documents that support this debt. This could include (but is not limited to) a					
legible copy of any returned checks, invoices and/or work orders, which support the claim.					
(Please limit this to 10 pages, unless otherwise advised by attorney).					
[Dlage want a composition first impairs sout and any past due billings on letters sout DO NOT					
[Please remit a copy of the first invoice sent and any past due billings or letters sent. DO NOT SEND ORIGINALS. If the document you are sending contains very small print, you can enlarge					
the copy before you fax it to us, or send us a full-size photocopy in the mail.]					
5. The opposing party (check one) IS or IS NOT a member of LegalShield, or IDO					
NOT KNOW if the opposing party is a member of LegalShield.					
THE TAIL TO THE ME OPPOSING PARTY IS A MEMBER OF ELEGATIONICIA.					
6. I understand that you (check one) WILL or WILL NOT send a copy of the draft letter					
to me to review before it is sent to the opposing party. I further understand that if you send a					
draft to me that you will not send a final letter until you receive my comments on your draft.					
I (check one) DO or DO NOT want the final letter sent by Certified Mail, Return					
Receipt Requested (CMRRR). I understand that there is a \$10 fee for a CMRRR letter and if					
I request one, I have enclosed my check for \$10.00 payable to Framme Law Firm, PC or have					
contacted the firm to make payment by credit card.					

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→ Pl	lease make yoi	ır check pay	able to "Fran	nme Law Firi	m, PC" and mai	l it to
Fram	ıme Law Firm	, <i>PC</i> , 6800 I	Paragon Place	e, Suite 233, 1	Richmond, VA 2	3230 or call our
800 n	number to pay	by credit car	rd over the ph	one.		
7. Ple	ease send my	copy of the	e draft and/or	final letter t	o me by (choos	se one):
a.	Email to					
b.	Fax to					
c.	Regular m	ail to				
	the following atements are		s carefully. L	By signing bo	elow, you are a	greeing that the
I cer	tify that: I,					(name of member):
a. Ar	n providing a	legible cor	y of docume	ents, which s	upport this claim	m;
	omplied fully	•	•			,
c. Ca	alculated the a	mount due	and it does i	not include a	ny charges that	exceed 6% per year
on th	e outstanding	g principal	balance, or a	ny amount o	of interest that	was not agreed to in
the o	riginal agreei	nent; if the	amount du	e does not in	clude interest	check this box ;
d. H	ave not rece	ived any v	vritten or ve	erbal notice	from the debt	or or their attorney
advis	sing me that d	ebtor has fi	iled for bank	ruptcy protec	ction; and	
e. Al	lowed all just	and lawful	l offsets, pay	ments and cr	edits.	
Cianata				/		
Signature				Date		

IMPORTANT NOTICE TO MEMBERS:

If we prepare and send a letter on your behalf, we will do so under the terms of your LegalShield membership contract and will rely on the information contained in your Request to do so. We will make every effort to complete and send the letter within three business days from receiving the Request from you. We will send you a copy of any letter and will ask the recipient of the letter to respond directly to you. Our representation of you in this matter will end when we send the letter or make the telephone call. However, please call with any additional questions you may have or if you would like us to take further action. We would appreciate your advising us of any response you receive from the opposing party.

LIEN RIGHTS: This CAL does not apply to enforcing lien rights since specific time frames and procedures may apply. If you have specific lien rights you want to enforce, you must contact this office to discuss how to protect and enforce your lien, or you may lose your rights.

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