

Professional Recovery Service

400 Mann Street Suite 904
Corpus Christi, Texas 78401
(361) 884-3701

SERVICE AGREEMENT

THIS AGREEMENT IS ENTERED INTO ON THIS ____ DAY OF _____, 20____
BETWEEN PROFESSIONAL RECOVERY SERVICES, HENCEFORTH KNOWN AS PRS
AND _____, HENCEFORTH KNOWN AS CLIENT

PRS AGREES TO ACCEPT ACCOUNTS FROM CLIENT FOR COLLECTION ON A
CONTINGENCY FEE BASE OF _____. PRS AGREES TO REMIT WITHIN
60 DAYS THE CLIENT’S SHARE OF ANY MONIES DUE. PRS WILL ATTEMPT
COLLECTIONS WITHIN THE REQUIREMENTS OF THE FAIR DEBT AND COLLECTION
PRACTICES ACT

CLIENT AGREES THAT ACCOUNTS ASSIGNED ARE LEGALLY DUE AND THAT
DATES AND AMOUNTS ARE CORRECT.

CLIENT AGREES TO PAY PRS ITS USUAL COMMISSION RATES WHETHER PAID
TO THE CLIENT OR TO PRS AND REGARDLESS OF SOURCE OF PAYMENT
PRS IS ENTITLED TO ITS USUAL COMMISSION FROM THE DATE OF
PLACEMENT.

CLIENT AGREES THAT ACCOUNTS ARE ASSIGNED FOR AN INDEFINITE TIME
BUT MAY BE CANCELED BY REQUEST BY CERTIFIED MAIL AFTER 6 MONTHS
UNLESS ACCOUNTS ARE PAYING OR IN THE PROCESS OF PAYING.

CLIENT AUTHORIZES PRS TO ACCEPT, ENDORSE, AND DEPOSIT NEGOTIABLE
INSTRUMENTS PRESENTED FOR PAYMENT ON ACCOUNTS PLACED FOR
COLLECTION BY THE CLIENT

CLIENT AGREES THAT PRS MAY OFFSET ANY MONIES DUE CLIENT AGAINST
ANY UNPAID INVOICE.

PRS WILL ADD ON TO EVERY DEBTOR BALANCE 45% OF THE FACE VALUE OF THE
DEBT CLIENT ALSO ACKNOWLEDGES THAT THE ADD ON FEE TO THE DEBTOR IS
NOT PRS ‘S FEE, ONLY AN ADD ON TO THE DEBTOR.

Professional Recovery Services

By: _____ Client: _____

Title: _____ Title: _____

By: _____

(Authorized Signature)

Address: _____

Phone: _____

Email: _____