



**Company Being Placed for Collection**

DEBTOR COMPANY NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

OTHER: \_\_\_\_\_ EMAIL / WEB SITE: \_\_\_\_\_

TOTAL DUE (US\$): \_\_\_\_\_ LAST UNPAID SALE DATE: \_\_\_\_\_

Any returned checks outstanding? \_\_\_\_\_ Most recent returned check date: \_\_\_\_\_ Total due on check(s): \_\_\_\_\_  
(Include a copy of unpaid check)

COMMENTS: \_\_\_\_\_

(Client) \_\_\_\_\_ has placed this account with Seafax for collection.

**Fee Schedule**

If last unpaid invoice is less than **180** days old, the following contingent rates will apply:

22% Fees on placements from \$5,000 to \$20,000

18% Fees on placements \$20,001 and over

If the last invoice is between **180** days and **365** days, the fee schedule is 33%. If last invoice is over **365** days the fee schedule is 50%.

If total owed is **less** than \$5,000, a prepaid fee will apply.

**Terms and Conditions**

The undersigned agrees to strictly refrain from any manner of correspondence with accounts placed for collection. Seafax reserves the right to bill for and subscriber agrees to pay cost incurred in pursuing such accounts if it is determined that such contact has taken place. Seafax reserves the right to publish the existence of any collection matter and its status.

Accounts settled directly are subject to charges for the services as outlined in above fee schedule. Seafax reserves the right to collect a flat 10% of the full amount of any account withdrawn from Seafax. Seafax shall have the right to endorse for deposit and collection, in the name and on the behalf of the subscriber, remittances received on accounts placed with it for collection and to deduct from such remittances its authorized charges. Seafax reserves the right to accept or decline claims on an individual basis.

**All accounts placed for collection must be accompanied by a statement of account. Please fax or email completed form along with any applicable invoices and other pertinent information directly to the Collection Department at (207) 781-4269 or [collections@seafax.com](mailto:collections@seafax.com)**

**Place collection claims online at [www.SeafaxCollections.com](http://www.SeafaxCollections.com) or [www.foodonereports.com/collections](http://www.foodonereports.com/collections)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ For internal use only: File# \_\_\_\_\_ Client# \_\_\_\_\_