

Professional Fee Collection

Attn: Terry L Bagby, Director
Dallas, Texas 75271-0729

Phone: 866-Pay-Me-53 Email: Unpaid@ProfessionalFeeCollection.com

February / March / April / May / June _____, 2006

TO:		<i>Who referred you:</i>	
<u>Name: (First)</u>		<u>Phone:</u>	
<u>Name: (Last)</u>		<u>Cell:</u>	
<u>Street:</u>		<u>Home Phone:</u>	
<u>City:</u>		<u>E-Mail:</u>	
<u>State:</u>		<u>Zip:</u>	

Re: SPECIAL NO COST TO ADJUSTER AGREEMENT

Adjuster Claims Unpaid by (name vendors & carriers) _____

This engagement letter is to confirm that you have retained **Professional Fee Collection**, the 'agency', as your representative to evaluate, investigate and research your reported unpaid adjuster's claim(s). By signing it, you agree to the terms and conditions described below and to our investigation of your claims and agree to hold us harmless for any claims against us.

1. **Scope of Engagement.** The 'agency' is hereby engaged to attempt to evaluate, investigate and research the matter regarding your unpaid Adjuster fee(s), including any fees and/or expenses rightfully due to you. [See list of claims on attached page(s)]
2. **Liquidated Amount I Would Accept Per Claim:** On the 'attached pages' You agree to provide a 'cash out'/'discounted rate' acceptable to you for each claim along with the time period you would accept that 'cash out'/'discounted rate' for 3rd-party purchase.
3. **Basis for Agency's Collection Fees.** The fee for the best effort services provided by the agency is based upon a flat fee of \$215.00 per claim, plus fees and expenses paid to outside attorneys if actual payment is received by you. **Costs and Expenses.**
 - a) In addition to the agency's Collection fees, you will be responsible for all reasonable and necessary expenses incurred in this case, which include standard charges for mileage and copying. Except as otherwise provided herein, you authorize/you do not authorize (circle one) the agency to advance expenses and costs that are reasonable and necessary to properly represent you. See your specific fees below:
 - b) The agency's Collection fees for you will be ___/___/___, the attorney's fee will be ___/___/___, and expenses will be ___/___/___.
 - c) 'Agency' must notify you of its acceptance of each claim by execution of this document and initials above for it to be binding.
 - d) Any no cost offer is available only on 'large loss claims' or 'commercial claims' accepted by Agency.
 - e) **Retainer.** There is a customary refundable retainer fee of \$1,000. The retainer fee will be credited to bills and expenses generated in this engagement. *Our work on this engagement will commence immediately and said retainer is WAIVED*
4. **WE ARE NOT ATTORNEYS AND CAN NOT AND WILL NOT OFFER ANY LEGAL ADVISE. WE DO HIRE ATTORNEYS TO DO ANY ACTUAL COLLECTION EFFORTS ON YOUR CLAIMS and/OR FILE SUIT FOR COLLECTION. Filing suit and taking any action whatsoever is to be at the sole discretion of the attorneys.**
5. **WE ACT SOLELY AS THE EVALUATION, INVESTIGATIVE and RESEARCH SOURCE FOR YOUR CLAIM. SOMETIMES THE INFORMATION YOU GIVE IS DESIMINATED TO THIRD PARTIES FOR PURPOSES WE DEEM APPROPRIATE AS BEST EFFORTS AS TO YOUR CLAIM. YOU AGREE TO HOLD US HARMLESS AS TO ANY ACTIVITY WE UNDERTAKE IN INVESTIGATING, RESEARCHING AND EVALUATING YOUR CLAIM.**

If the foregoing properly reflects all of our agreements concerning the retention of the agency in this case, please indicate your concurrence with the terms hereof by signing and returning to us a duplicate of this letter.

Sincerely,

Mr. Terry L Bagby, Director

AGREED TO IN ALL RESPECTS AND ACCEPTED THIS _____ DAY OF _____, 2006.

(Print Your Name)

BY: _____

Check and Sign here confirming that **you do** _____ or **you do not** _____ agree to pay collection fee(s), legal fee(s) and/or expenses.

Your Statement: _____

(Print Your Name)

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