

Service Agreement

Made between Associated Collection Agencies Inc., (provider) and

_____(client). On this
____ day of _____, 201__.

Provider will supply client with an In-state Resident office to include:

- Colorado location with directory listing on building
- Colorado physical address & phone number for notices
- Consumer walk-in and call-in service provided by trained personnel
- Payment acceptance, reporting, and forwarding
- Colorado Registered agent (as required by the Secretary of State)

Services will be rendered for the following fees (please choose one):

- \$ 60.00 per month if billed monthly
 - \$ 165.00 per quarter if billed quarterly
 - \$ 600.00 per year if billed annually
- Plus one-time \$ 50.00 set-up fee

Agreement will renew automatically each period or until a written notice to terminate the agreement is received at least 30 days prior to the automatic renewal date.

Termination of the agreement by either party requires 30 days written notice. Upon termination any monies paid in advance will not be refunded, unless agreement is terminated by the provider.

Provider shall indemnify and hold harmless Client from any injury, loss, or damage arising out of any act or omission of Provider in connection with the services rendered.

Client shall indemnify and hold harmless Provider from any injury, loss, or damage arising from violation by the Client of any local, state, or federal law or regulations in connection with the services rendered.

As required in section 12-14-122 C.R.S., you must notify the Collection Agency Licensing Department of the State of Colorado when the address of your Colorado resident office has changed, within 30 days of the change. It is the responsibility of Client to complete all licensing requirements with the Collection Agency Licensing Department of the State of Colorado including but not limited to registering in-state resident office information. ____ (Client initial).

I understand that Associated Collection Agencies Inc., cannot be held responsible to process any items addressed to the DBA if not listed on the instate office registration form ____ (Client initial).

Associated Collection Agencies, Inc.

Client

Date _____

Date _____