



COLLECTION AGREEMENT

Client agrees the names and amounts to be correct and legally due to the best of their knowledge and authorizes ICON Debt Solutions Inc. to collect, settle and forward the listed account at their discretion. Client also ensures that none of the accounts are bankrupt or have any unresolved disputes. Additional accounts submitted will be subject to the same terms.

Client agrees to commission rate of 30% on all balances placed for collection whether paid to ICON or direct to you during this one-year period. No account submitted under \$100 will be accepted.

Client shall be liable and will indemnify, defend and save ICON harmless from and against any and all suits, actions and claims, demands, costs and actual damages.

Client agrees to have all the accounts to be reported to the Credit Bureau by ICON Debt Solutions Inc.

The account listed hereon is the property of client and at all times maybe withdrawn upon written request to ICON after 1 year. All files withdrawn from ICON without cause or reason are subject to a 10% commission for their costs.

If Client makes any direct arrangements with the debtor or purports to revoke the authority of ICON to attempt collection then there shall immediately become due and payable to ICON, an amount equal to the charges that would have been payable had ICON, successfully collected the entire amount.

You may not have same debt placed with other agencies or law firms. Attempt to do so, there will be a 25% fee due immediately and the account will be closed.

ICON Debt Solutions Inc. MUST be notified immediately of any contact or payment made by debtor directly to Client. Client is not to cash/deposit payment without ICON's consent and is to forward all payments to ICON upon receipt.

ICON Debt Solutions Inc. under this agreement has the power of attorney to endorse all checks, money orders and postal notes received by ICON made payable to client for credit to the account listed.

ICON Debt Solutions Inc. does NOT make any guarantee or promise to collect your debt in a certain time frame.

The person signing below has the authority or received permission to enter this contract and will be bound to terms and conditions. If any invoice is not paid to ICON, the undersigned is personally responsible and could affect their credit.

Date: _____
Company Name: _____ Contact Person: _____
Business Address: _____ City: _____ Prov: _____ Postal: _____
Phone: _____ Email: _____
Name of Client :(PRINT): _____ Signature of Client: _____

EMAIL BACK TO COLLECTION@ICONDEBTSOLUTIONS.COM