



SELFMADE ASSET RECOVERY

c/o 1223 East 233rd Street, Suite #232, Bronx, NY 10466

Support@GodofImagination.com | 800-690-1654 | www.GodofImagination.com

INSTRUCTIONS TO CLIENT

1. Complete all fields accurately.
2. Review all fee terms, subscriptions, and payment options.
3. Initial where indicated and sign at the end.
4. Return this document with your intake packet for immediate processing.

FEE, SUBSCRIPTION & NET■TERMS DISCLOSURE

CLIENT / MATTER IDENTIFICATION

Client Full Legal Name: _____

Phone: _____ Email: _____

Property Address (if applicable): _____

County: _____ State: _____ ZIP: _____

Case / Index Number (if known): _____

Court / Trustee / Referee (if known): _____

SCOPE OF SERVICES

SELFMADE ASSET RECOVERY may provide research, investigation, document preparation support, communications with record custodians and third parties, and administrative follow■up to help locate, verify, and recover eligible assets (including, where applicable, surplus funds, overages, refunds, escrow balances, and unclaimed property).

FEE STRUCTURE (CHECK ALL THAT APPLY)

☐

Success■Based Fee: A percentage of recovered proceeds or a fixed success fee as stated in the signed Agreement / Addendum.

☐

Flat / Implementation Fee: One■time fee for intake, research, document package preparation, and case setup.

- ☐ **Subscription Services:** Monthly subscription for ongoing monitoring, follow-ups, updates, and support services.
- ☐ **Expedited / Priority Service:** Additional fee for accelerated handling (no guarantee of outcome).
- ☐ **ThirdParty Costs:** Client may be responsible for pass-through costs (e.g., record fees, certified mail, courier, notary, filing fees) if applicable.

NOTE: Specific fee amounts, percentages, and billing schedules are provided in your signed Agreement, invoice, subscription checkout page, and/or addenda. This disclosure confirms you understand the categories of fees that may apply.

PAYMENT TERMS & OPTIONS

Payment options may include (a) invoice billing with net terms, (b) subscription billing, (c) internal credit / account-based billing, and/or (d) success-based compensation. If invoices are issued, the invoice may state Net15 / Net30 or other terms. Late or unpaid balances may be subject to reasonable collection actions as permitted by law and by your signed Agreement.

PROMISSORY NOTE / RECEIVABLES ACKNOWLEDGMENT

If you receive services under net terms, internal credit, or other deferred payment arrangements, you may be required to execute a separate Promissory Note. You acknowledge that fees and charges may be treated as accounts/receivables owed to SELFMADE ASSET RECOVERY under the terms of the signed documents.

DISPUTE RESOLUTION

Any dispute regarding fees, billing, or performance will be handled pursuant to the dispute resolution provisions in your signed Agreement and related documents.

CLIENT ACKNOWLEDGMENTS (INITIAL EACH)

- ____ I understand fee amounts/percentages will be stated in my signed Agreement/invoice/addendum.
- ____ I understand subscription services (if selected) recur until canceled per the Agreement/terms.
- ____ I understand expedited service is not a guarantee of recovery.
- ____ I understand thirdparty/pass-through costs may apply where applicable.
- ____ I understand deferred payments may require a Promissory Note.

CLIENT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

DISCLAIMER: SELFMADE ASSET RECOVERY is not a law firm or bank and does not provide legal advice. No guarantees are made regarding recovery amounts or outcomes. This disclosure is for transparency of potential fees and billing methods and does not replace the signed Agreement, invoice, or addenda.

NOTARY ACKNOWLEDGMENT

State of New York

County of _____

On the ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this instrument, and acknowledged to me that they executed the same in their individual capacity, and that by their signature on the instrument, the individual executed the instrument.

Notary Public Signature: _____

Printed Name: _____

Notary Public, State of New York

Commission Number: _____

Commission Expires: _____

(Seal)