Gini Authorization Form

1820-Ave M #2421 Brooklyn, New York 11230 Website <u>http://www.ginidebtcollection.biz</u>		Voice 1 (917) 400-3253 Fax 1 (718) -338-3111 <i>Email: ginicoll@yahoo.com</i>		
Representative Please accept this account for imm		Date MM/DD/YYYY	MM/DD/YYYY	
Company or Trade Style of Debtor	_ c	Individual to Cor	tact at Debtors Business	
Address City		State	Zip	
Telephone Fax	1	Cell phone	/Email	
□ Corporation □ Partnershi	p 🔲 Individual	\$ Balance Due	_	
Date of First Invoice	Date of Last Invoice			
Enclosures	NOTES & COMMENT	<u>S</u>		
☐ Itemized Invoices				
Returned Check				
Proof of Delivery				
□ Statement				
Recommended Commercial R: 25% on the first \$10,000.00 20% on the excess of \$10,000.00 50% if total is under \$300 Judgments 42% Legal filing fees a We charge half of our usual fee on Assigned By	Commission of 33% if c 18% in excess of \$100,0 Non-commercial Claim additional Secon	000.00 Outside		
Authorized by	Telephone		Fax	
Address	City	State	Zip	
NO COLLECTION NO	CHADCE WE C	ET AS VOU		

NO COLLECTION- NO CHARGE- WE GET AS YOU COLLECT CHARMINGLY AGGRESSIVE- WE MAKE PERSONAL VISITS